MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUN 29 1937

21286

1. PLACE OF DEATH

County St. Louis — Registration District No. 788 — File No.

Township Jefferson — Primary Registration District No. 4471 — Registered No. 58

City Webster Groves (No. 741, Greeley Avenue, St. Ward)

2. FULL NAME Robert Blanchard Starr

(a) Residence, No. 741 Greeley Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~WIDOW OR WIFE~~ Gertrude Rebecca Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corporation Official Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Manufacturing

10. Date deceased last worked at this occupation (month and year) Feb. 1937 — 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Joseph V. Starr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville, Pennsylvania

MOTHER

15. MAIDEN NAME Margaret L. Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Kentucky

17. INFORMANT (ADDRESS) Mrs. Gertrude Starr (wife) 741 Greely, Webster Groves, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Oak Hill Cemtery
PLACE Kirkwood, Missouri DATE May 17, 1937

19. UNDERTAKER (ADDRESS) T. C. McLaughlin 529 Lizette, Webster Groves, Mo.

20. FILED 5-15- 1937 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 14, 1937

I last saw h. alive on May 13, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Dis. Heart with Valv. Lesion	years
Typhoid Fever	3/15/37
Undulant Fever	3/15/37

Other contributory causes of importance:
Reports were positive for both above by — Lab. Health Dept.

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank P. Gaunt, M. D.
(Address) 16 N. Gore, Webster Groves Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.