

REC'D FEB 10 1939

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

622  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **701**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City of **St. Louis** (d) Street No. **1728 Nicholson Pl** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **622****2. PRINT FULL NAME**

(a) Residence, No. **362** **Margaretha Stark** St. **23**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow of Henry Stark**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 4, 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**84 9 13**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME **Lawrence Langenecker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Margaretha Rose**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Margaretha Stark 1728 Nicholson Place**

18. BURIAL CREMATION OR REMOVAL in PLACE **New St. Marcus Cem** DATE **1/20/39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A. W. McLaughlin 2301 Lafayette Avenue**

20. FILED **J. B. Brueck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/17/39**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **11/3**, 19**38**, to **1/17**, 19**39**  
 I last saw **her** alive on **1/17**, 19**39** Death is said to have occurred on the date stated above, at **1:55 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Coronary Atherosclerosis**

Date of onset  
**8/1/38**

Other contributory causes of importance:  
**Age, arteriosclerosis**

Name of operation..... 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?..... Date of injury.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify.....  
 (Signed) **A. W. McLaughlin**, M. D.  
 (Address) **1574 S Jefferson Ave**

**JAN 20 1939**

(Licensed Embalmer's Statement on Reverse Slide)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*L. C. Cooper*  
.....

Registered Apprentice No.....

working under my personal supervision.

Signed *L. C. Cooper*  
.....

Licensed Embalmer No. *3633*

P. O. Address *277 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**