DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27347

REG'D SEP 14 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 6847

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3616 Botanical
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jacob Edward Starbeck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if living, alive years

7. Birth date of deceased Aug. 3rd ~~Saturday~~ 1939 (Month) (Day) (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Edw. Starbeck
13. Birthplace Germany (City, town or country) (State or foreign country)

MOTHER
14. Maiden name Vernalee Colborn
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature M. D. Georges

(b) Address 2755 Choteau Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Pl.

19. (a) AUG 6 1939 (Date received local registrar) (b) J. B. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th year 1939 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 3 1939, to Aug 5 1939; that I last saw him alive on Aug 5 1939 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia Pallida

Due to Inertia Uteri

Due to

Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? Birth Injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature Gustave Dahms M.D. (M. D. or other)

Address 1452 So Grand Date signed 8-6-39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address 4355 Washingt

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

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