

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 15 1939

Registration District No. 784

Primary Registration District No. 260

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural Bonhomme township (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Own home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) City or town Rural (If outside city or town limits, write "RURAL")  
(b) County St. Louis  
(c) Street No. Clayton & Barber Roads (If rural, give location)  
(d) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Anna Starck 362

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Starck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December, 8, 1870  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business Own Home 0

12. Name Henry Albright 6

13. Birthplace Germany 6 (State or foreign country)

14. Maiden name Mary Andrecht

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter V. Starck

(b) Address Chesterfield, Mo. R. #2

17. (a) Burial (b) Date thereof 9/26/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manchester, Mo. E. Cem.

18. (a) Signature of funeral director Harry Schradu

(b) Address Ballwin, Mo.

19. (a) SEP 25 1939 (Date received local registrar) (b) W. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24  
year 1939 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from 9 am 17  
1939, to Sept 24 1939  
that I last saw her alive on Sept 21 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ?

Due to Chronic Nephritis  
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Denny Scott (M. D. or other) M.D.  
Address Ballwin Mo. Date signed 8/25/39

*Dr. H. V. Scott.*

---

---

**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.....

*Harry Schenker*

• Licensed Embalmer No. *2091*

P. O. Address. *Ballwin, Mo.*

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

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