

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26538**
Registrar's No. **1365**

Registration District No. **784** Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Carsonville Robertson**
(c) Name of hospital or institution: **Moline Creek**
(d) Length of stay: In hospital or institution **2**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Carsonville**
(d) Street No. **3918 Lillian Ave.**
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
year **1940** hour **4** minute **PM** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Accidental drowning while swimming in the Moline Creek**
Due to _____

Due to **Intoxication of Skull**
Other conditions: **etc.**

Major findings: **182**
Of operations _____
Of autopsy **2 1/2**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **July 21, 1940**
(c) Where did injury occur? **Robertson Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
707 While at work **no** (Specify type of place) _____
Means of injury **Boat**

23. Signature **John D. Smully** (M. D. or other) **5**
Address **Corner 22nd St** Date signed **7/21/40**

3. (a) PRINT FULL NAME **Harry Starks** **362**
(b) If veteran, name war **No.** (c) Social Security No. **No.**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 18 1925**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 3 3 hr. min.

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

10. Usual occupation **Student**

11. Industry or business **High School**

12. Name **Cecil Starks**

13. Birthplace **Steelville Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Kost**

15. Birthplace **Cascia Albania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Starks**
(b) Address **3918 Lillian Ave.**

17. (a) **Burial** (b) Date thereof **7 - 24 - 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Cullen Kelly**

(b) **JUL 22 1940** **7267 Natural Bridge**

19. (a) **JUL 22 1940** (b) **DR. Margaret Kost**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Clement McNeary

Licensed Embalmer No. 3932

P. O. Address St Louis

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.