

SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7004

1. PLACE OF DEATH:

- (a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (c) Name of hospital or institution (If outside city or town limits, write "RURAL" and name of township)
3729 Olive St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 years, months or days)

In this community _____

3. (a) PRINT FULL NAME Calvin Pryor Starke 3123. (b) If veteran, name war No 3. (c) Social Security No. 488-16-75384. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Gladys Sims Starke 6. (c) Age of husband or wife if alive, _____ years 457. Birth date of deceased September 24 1887
(Month) (Day) (Year)8. AGE: Years 52 Months 10 Days 24 If less than one day
hr. _____ min. _____9. Birthplace Boonville Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Pharmacist

11. Industry or business _____

12. Name Lewis Pryor Starke13. Birthplace Otterville Mo.
(City, town, or county) (State or foreign country)14. Maiden name Hattie M. Cary
(City, town, or county) (State or foreign country)15. Birthplace Prairie Home Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Gladys Starke(b) Address 3729 Olive St.17. (a) Burial (b) Date thereof 8/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Blackwater Mo18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar19. (a) AUG 19 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 19
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3729 Olive Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th
year 1940 hour 2 minute 15th A.M.21. I hereby certify that I attended the deceased from August 17th, 1940 to August 18th, 1940
that I last saw him alive on August 17th, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Haemorrhage
(2nd stroke) Duration 1 dayDue to ArteriosclerosisDue to HypertensionOther conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy none

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) _____

23. Signature Charles F. Nelson (M. D. or other) _____Address 3811 Olive Street Date signed 8/18/40

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.

C. F. Wilson
3811 Olive St.

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 Joseph McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar Rd

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.