

2
4-1
7-39
226390

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

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 28 days
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Reinholdt Starr
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

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 Dec. 2 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 4 hr. min.

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

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Starr
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina unknown
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Co. Hosp. Record
(b) Address _____

17. (a) Burial (b) Date thereof 6-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H. Dwyer, Jr.
(b) Address 1314 - Argonne Dr. - Bushwood

19. (a) JUN - 9 1941 (b) W. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Pls
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6761 Vernon Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 11 minute :50 A.M.
4-9-41

21. I hereby certify that I attended the deceased from 6-6-41 to 6-6-41 ;
that I last saw him alive on 6-6-41 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
Due to Coronary Occlusion
Due to 30g.

Other conditions Hypertrophy of
(Include pregnancy within months of death) Prostate - Ines, latent.

Major findings: Of operations _____

Of autopsy Generalized atherosclerosis of coronary arteries
sclerosis of aorta

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) (e) Means of injury _____

23. Signature James David W. Dwyer (Date or other) 6/7/41
Address St. Louis Co. Hosp. Date 6/7/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.