

U.S. No. 2
M-4-13-40
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30001
7340

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: _____
2326 Dodier St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2326 Dodier St
(If rural, give location)

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

3. (a) PRINT FULL NAME William Starr

(b) If veteran, name war no

(c) Social Security No. 470-03-9619

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th year 1941 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 9th 1941, to Sept 9th 1941, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 12, 1876
(Month) (Day) (Year)

Immediate cause of death Cancer of mouth & throat

Due to Primary site in roof of mouth

Due to _____

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

8. AGE: Years 65 Months 3 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nightwatchman

11. Industry or business _____

MOTHER FATHER

12. Name unknown

13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

Major findings: no operation

Of operations _____

Of autopsy _____

16. (a) Informant Robert Starr

(b) Address 3117 N. Union Ave

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

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

(b) Date of occurrence _____

17. (a) burial (b) Date thereof Sept. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

19. (a) SEP 11 1941 (b) J. Buddeck
(Date received by registrar) (Registrar's signature)

23. Signature B. H. Kiefer (M. D. or other) _____

Address 3121 Grand Date signed 9/10/41

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

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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

Charles J. Goodhart

Licensed Embalmer No. *2777*

P. O. Address *St. Rose, Mo*

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.