

FILED OCT 18 1941
791

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:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 0 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **24** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **3336a Ohio Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**
year **1941** hour **4** minute **0** P. M.
21. I hereby certify that I attended the deceased from **9/9/41**
19..... to **9/21/41** 1941;
that I last saw h **21** alive on **9/21/41** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Primary Carcinoma Gall Bladder
Diffuse Carcinomatosis
Due to **Intestinal Obstruction**
due to Carcinoma - secondary
Due to **Ascites & Cardio**
Other conditions **Renal Vasculous disease**
(including pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy **As seen above**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Lula Stark**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Geo. H. Stark** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased: **April 10, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **5** **11** hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

12. Name **William Orton**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. H. Stark**
(b) Address **3336a Ohio Ave.**
17. (a) **Burial** (b) Date thereof **Sept. 24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**
(b) Address **2201 S. Grand Bl.**

19. (a) **SEP 24 1941** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) (c) Means of injury.....
While at work?.....
23. Signature **Ch. C. Parster** (M. D. or other) **0**
Address **3115 S. Grand** Date signed **9/23/41**

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

00
17
9

MOTHER FATHER

No. 3115-5
3/15-5
Adler

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 *Nancy Adlewait*
Licensed Embalmer No. 3722
P. O. Address 412 DuChesne

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.