

FILED DEC 9 1941
Registration District No. _____

Primary Registration District No. 202

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town Ballwin
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Rd.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY STARFELDT

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1941 hour 12:00 minute noon M.

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 August 1 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from march 1 1939 to November 7 1941
that I last saw him alive on November 17 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

Immediate cause of death Cerebral hemorrhage Duration 11-17-41

Due to Chronic nephritis

Due to Arteriosclerosis

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

MOTHER FATHER

11. Industry or business _____

12. Name Clarence Starfeldt

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

14. Maiden name Marie Ellis

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

16. (a) Informant Raymond Starfeldt

(b) Address 80 Marshall White St. St. Louis Mo

17. (a) _____ (b) Date thereof 11-18-41
(Residential, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director W. R. Rutz

(b) Address 3600 Rutz

19. (a) DEC 1 1941 (b) R. G. McSwain
(Date received local registrar) (Registrar's signature)

Major findings: 131

Of operations _____

Of autopsy _____

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

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 B. P. Loring (M. D. or other) _____
Address Ballwin Mo Date signed 11-18-41

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.