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23525

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1943
Registration District No. 313

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23525
Registrar's No. 6813

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County...
(b) City or town... St Louis Missouri
(c) Name of hospital or institution:
3910 R Fairfax Apt 1101
(d) Length of stay: In hospital or institution
In this community About 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17 11
(c) City or town... St Louis Missouri
(d) Street No. 3910 R Fairfax Apt 1101
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Barline Starks
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month July day 25th year 1943 hour 1:30 minute P M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race Negro
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife John Henry Starks
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb 29 1916

Immediate cause of death
Ruptured Aneurysm
Due to Cause unknown

8. AGE: Years 27 Months 4 Days 26
9. Birthplace Jackson Tennessee

Due to
Other conditions
Major findings:
Of operations
Of autopsy

10. Usual occupation HSWK
11. Industry or business
12. Name George Curry
13. Birthplace Tennessee
14. Maiden name Hollis Thomas
15. Birthplace Tennessee

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

16. (a) Informant Beatrice Robinson
(b) Address 3910 R Fairfax Apt 108
17. (a) Burial (b) Date thereof 7/31/43
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave
19. (a) Jul 28 1943 (b) J. J. Braddock

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?
(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 Thomas J. Bellam (M.D. or other)
Address Deputy Coroner Date 7-27-43

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 *W. J. Watson*
Licensed Embalmer No. 2498
P. O. Address 2769 Chouteau

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.