

FILED FEB 11 1944

Registration District No. 318 Primary Registration District No. Registrar's No. 1082

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.....
Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 30 days
 (Specify whether
 In this community..... 22 years
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Starks

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

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... Willie Starks 6. (c) Age of husband or wife if alive..... 38 years
 7. Birth date of deceased..... January 22 1911
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>0</u>	<u>8</u> hr. min.

9. Birthplace..... Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation..... Laundry Worker

11. Industry or business.....

12. Name..... William Banks13. Birthplace..... Miss
(City, town, or county) (State or foreign country)14. Maiden name..... Irene Cowans15. Birthplace..... Miss
(City, town, or county) (State or foreign country)16. (a) Informant..... S T Coleman(b) Address..... Homer Phillips Hospital17. (a) Burial (b) Date thereof..... 2 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Washington Pk(c) Signature of funeral director..... English Und. Co.(b) Address..... 2931 Lucas19. (a) FEB 3 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County.....
 (c) City or town..... St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 3411 Lawton
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1944 hour 9 minute 27 P. M.21. I hereby certify that I attended the deceased from.....
January 1, 1944 to January 31, 1944
that I last saw her alive on..... January 31, 1944
and that death occurred on the date and hour stated above.Immediate cause of death..... Ca of Cervix with Gen Metastases Duration Unknown

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Of autopsy..... As above

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.....

Signature..... C. R. Reynolds (M. D.)Address..... 2601 N. Whittier Date signed..... 1-31-44

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 *Burleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas, ave*.....

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.