

FILED NOV 30 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

9805

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

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:  
2721 South Tenth Street  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_ 61 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2721 South Tenth Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Sophie Staroske

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wm. Staroske, Sr. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 3, 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Matthew Armbruster

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

14. Maiden name Margaret Moser

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

16. (a) Informant Miss Lillian Staroske

(b) Address 2721 South Tenth Street

17. (a) Burial (b) Date thereof Nov. 21, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) NOV 20 1944 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1944 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov. 13 to Nov. 17, 1944

that I last saw her alive on Nov. 17, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pharyngitis  
Left camp Cojin

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

6 days  
(5)

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 U

23. Signature J. F. Bredeek (M. D. or other) MD

Address 3606 Gravois Date signed 11/18/44

Dr. W. C. Weinsberg  
3606 Grandis  
2-4

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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 *W. C. Weinsberg*

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis 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.**