No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945 318

State File No. 26163

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 7641

1. PLACE OF DEATH:

(a) County ____

(b) City or town St Louis Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4734 Minnesota Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Edward Starek

3. (b) If veteran, name war No

3. (c) Social Security No. no

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 Aug (Month) 3 (Day) 1934 (Year)

8. AGE: Years 11 Months 0 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace St Louis Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation At School

11. Industry or business ____

FATHER
12. Name Rudolph John Starek
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Oletha Bradfield
15. Birthplace Crystal City Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Rudolph John Starek
(b) Address 4734 Minnesota Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm E Mondell
(b) Address 1926 Allen Av.

19. (a) SEP 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1945 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 1 Internal hemorrhage
2 Amputation of left leg, injury
Duration
Due to Bicycle North on Kennerly Lane in front of 4704 Kennerly Lane when he bicycle collided with a bicycle ridden by one Robert Rudolph Browning in making a left turn and traveling at a fast speed
Other conditions ____
(Give pregnancy within months of death) ____ Kennerly Lane Road

Major findings:
Of operations 1 7 0 c 8
Of autopsy 25

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) Unavoidable Accident
(b) Date of occurrence Aug 29 1945 6 PM
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street
(Specify type of place)
While at work? ____ (e) Means of injury Bicycle

23. Signature Alfred Kelly (M. D. or other)
Address City Morgue Date signed 8/1/45

(Licensed Embalmer's Statement on Reverse Side)

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.....Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen

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.