

No. 2  
-5-43  
-17-39  
X38671

**FILED JAN. 31 1945**  
Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

(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: St. Louis City Hospital-Max C. Starkhoff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME:** FRED STARK

**3. (b) If veteran,** name was No

**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex:** Male **5. Color or race:** White

**6. (a) Single, widowed, married, divorced:** Married

**6. (b) Name of husband or wife:** Magdalena Stark

**6. (c) Age of husband or wife if alive:** 57 years

**7. Birth date of deceased:** March 25 1878  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>67</u>	<u>8</u>	<u>23</u>	hr. _____ min.

**9. Birthplace:** Belleville Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Laborer

**11. Industry or business:** \_\_\_\_\_

**12. Name:** Unknown

**13. Birthplace:** Unknown  
(City, town, or county) (State or foreign country)

**14. Maiden name:** \_\_\_\_\_

**15. Birthplace:** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. Amelia Engelkenjohn

**(b) Address:** 8103 Pennsylvania ave.

**17. (a) (b) Date thereof:** Burial Dec. 21, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** Park Lawn Cemetery

**18. (a) Signature of funeral director:** C. Hoffmeister U. & L. Co.

**(b) Address:** 7814 S. Broadway

**19. (a) (b) Date received:** DEC 20 1945  
(Date received local registrar) (Registrar's signature)

**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")

Street No. 8103 Pennsylvania ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 18th  
year 1945 hour 8:20 minute A M.

**21. I hereby certify that I attended the deceased from** 11/21/45  
to 12/18/45, 19\_\_\_\_, to 12/18/45, 19\_\_\_\_;  
that I last saw him alive on 12/18/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

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

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

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

**PHYSICIAN**

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

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

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

**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:** J. P. Budick **Date signed:** 12/18/45  
(Address) (City or town) (County) (State)

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

**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 Harry J. Lohman

Licensed Embalmer No. 2679

- P. O. Address: 7814 S. Broadway

**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.**