

FILED AUG 27 1946

Registration District No. 317

Primary Registration District No. 6676

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

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1267 Purcell Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1267 Purcell Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward J Stark

3. (b) If veteran, name war No 3. (c) Social Security No. 490-14-5182

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 \_\_\_\_\_

7. Birth date of deceased May 26 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 2 21 hr. min.

9. Birthplace Dont Know  
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

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

12. Name George Stark

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

14. Maiden name Catherine Buckle

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

16. (a) Informant Mrs Agnes Giebe

(b) Address 1267 Purcell Ave

17. (a) Burial (b) Date thereof 8 19 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos W Clark

(b) Address 1125 Hodiamont Ave

19. (a) 8-19-46 (b) E. M. Starnes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16  
year 1946 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from January 10 1946 to August 16 1946  
that I last saw h. im alive on August 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death relaxation of heart

Duration 10 hrs.

Due to arteriosclerotic heart disease

Due to 93 d

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

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

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) (c) Means of injury 1

23. Signature Michael Dulick (M. D. \_\_\_\_\_)  
Brentwood Mo Address Date signed 8-19-46

Dr. Michael Bullock  
2319 Brentwood  
ave.

9-8-77  
Re. 2177.

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 Henry A. Branner

Licensed Embalmer No. 4200

P. O. Address P.O. - Louisa, Mo.

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.