

No. 2  
1-5-39  
5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 25 1946  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

39115  
State File No. 39115  
Registrar's No. 9431

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4019 Finney apt. 301  
(d) Length of stay: In hospital or institution 5 Yrs  
In this community 5 Yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 4019 Finney Ave. Apt. 301  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nora L Starks  
3. (b) If veteran, name war No 3. (c) Social Security No. No  
4. Sex Female 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Aug. 18. 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 24  
If less than one day 24 hr. min.

9. Birthplace Texas  
10. Usual occupation Housekeeper  
11. Industry or business None

MOTHER FATHER  
12. Name Alfred English  
13. Birthplace Texas  
14. Maiden name Nanna English  
15. Birthplace Texas  
16. (a) Informant William A. Starks  
(b) Address 4015 Finney Ave  
17. (a) Burial (b) Date thereof Nov. 6. 1946  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director J. F. Rudak  
(b) Address 2769 Chouteau Ave  
19. (a) NOV 1 1946 (b) J. F. Rudak

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November 2  
year 1946 hour 9 minute 20 P.M.  
21. I hereby certify that I attended the deceased from October 28 1946 to November 2 1946  
that I last saw her alive on 9:19 P.M. 11-2-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral anoxia  
arterio sclerosis  
Other conditions 97  
Major findings: 97  
Of operations 97  
Of autopsy 97

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature W. B. Cloyd (M. D. or other) W. B. Cloyd  
Address 1723 Massachusetts Blvd Date signed 11-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

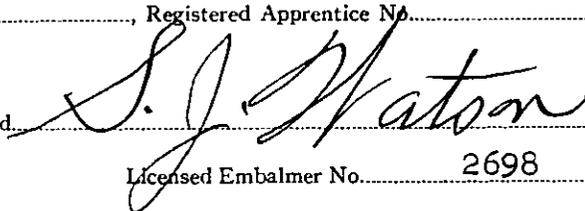
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No..... 2698

P. O. Address..... 2769 Chouteau 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.**