

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 69 YEARS
In this community 69 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 1014 EMMET
Memorial
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ELIJAH STARK
3. (b) If veteran, name war SPANISH AMERICAN
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MILLIE STARK
6. (c) Age of husband or wife if alive
7. Birth date of deceased MAY 26 1882

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 23rd year 1947 hour 1:00 minute A M.
21. I hereby certify that I attended the deceased from 11/15/46 to 1/23/47
What I last saw him alive on 1/23/47 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 7 Days 27

Immediate cause of death: Traumatic Cerebration 2 yrs
Due to
Due to
Other conditions: Arteriosclerotic HT Disease 4 yrs
PHYSICIAN

9. Birthplace ST. LOUIS MISSOURI
10. Usual occupation POLICEMAN
11. Industry or business RETIRED
12. Name UNKNOWN
13. Birthplace UNKNOWN
14. Maiden name LOUISE POLLIETTE
15. Birthplace FESTUS MISSOURI

Major findings:
Of operations
Of autopsy

16. (a) Informant ALBERT STARK
(b) Address 3738 CHIPPEWA
17. (a) BURIAL (b) Date thereof JAN 25 47
(c) Place: burial or cremation NATIONAL CEMETERY
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette
19. (a) JAN 23 1947 (b) J. F. Bruneau

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?
(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 1515 Lafayette J. F. Bruneau
Address George P. Smith Date signed

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 *P. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.