

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16873

State File No. _____
Registrar's No. 70

Registration District No. 71 Primary Registration District No. 3012

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(c) Name of hospital or institution: Excelsior Springs Hospital
(d) Length of stay: 2 Hours
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(d) Street No. 102 Linden
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRANCIS CHARLES STAROSTKA
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6
year 1947 hour 7:08 minute P. M.
21. I hereby certify that I attended the deceased from _____
that I last saw _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 6 1941

Immediate cause of death Accident
Unavoidable

8. AGE: Years 6 Months 4 Days 0

Due to Ran into an automobile & was hit
Due to my left front wheel causing shock absorbers, internal injuries & bones
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

MOTHER FATHER

9. Birthplace Excelsior Springs, Missouri
10. Usual occupation Student
11. Industry or business Kindergarten
12. Name Frank A. Starostka
13. Birthplace Leavenworth Kansas
14. Maiden name Mabel Wendell
15. Birthplace Lawson, Missouri
16. (a) Informant Mrs. Frank A. Starostka
(b) Address Excelsior Springs, Mo.
17. (a) Burial (b) Date thereof 5/8/1947
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Mo.
19. (a) 5/12/47 (b) Caroline Hitching

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 5-6-1947
(c) Where did injury occur? Excelsior Springs Clay Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place Street
While at work? _____ (e). Means of injury _____
23. Signature R.W. Procher (M. D. or other) Coroner 3
Address Excelsior Springs Mo. Date signed 5-7-47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-29-47

DEC 28 1953

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

Robert Ray

Licensed Embalmer No.

4182

P. O. Address

Excelsior Spgs, M.

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.