FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18047

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4899

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5743 Kingsbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5743 Kingsbury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KALMAN STARR

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rebecca Starr

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unknown)
(Month) (Day) (Year)

8. AGE: Years ab. 67 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation Merchant

11. Industry or business Dry goods

FATHER
12. Name (Unk) Starr
13. Birthplace (City, town, or county) USSR (State or foreign country)

MOTHER
14. Maiden name (Unknown)
15. Birthplace (City, town, or county) USSR (State or foreign country)

16. (a) Informant Arthur A. Starr
(b) Address 5781 Kingsbury

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) MAY 28 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27 year 1948 hour 8 minute 15 a/M.

21. I hereby certify that I attended the deceased from September, 1947, to May 26, 1948; that I last saw him alive on May 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema — Duration
Due to congestive heart failure
Due to
Other conditions generalized advanced arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Maximilian Weitman (M. D. or Coroner)
Address 3530 ARSENAL St. Louis Date signed 5-27-48

(Licensed Embalmer's Statement on Reverse Side)

MAXIMILIAN WEITMAN

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. 4229

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.