

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17724
4882

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

NR

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>756 N80 th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>YOUNG</u> c. (Last) <u>STARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED <u>Married</u>	8. DATE OF BIRTH <u>Oct-19-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Repair-Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
13a. FATHER'S NAME <u>Jacob Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Luella Shanks</u>	14. NAME OF HUSBAND OR WIFE <u>Laura</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S (SIGNATURE) OR NAME ADDRESS <u>Laura Stark 756 N80th</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Adenocarcinoma of Right Bronchus with Metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>Apr 28, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma right lung</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>16' 2X</u>	
22. I hereby certify that I attended the deceased from <u>11 Apr 1949</u> , to <u>14 May 1949</u> , that I last saw the deceased alive on <u>13 May 1949</u> , and that death occurred at <u>7:05 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Vincent P. Eisold M.D.</u>		23b. ADDRESS <u>Mo Pac Hosp</u>	
23c. DATE SIGNED <u>14 May 49</u>			
24a. BURIAL OR CREMATION (Type of REMOVAL) (Specify)	24b. DATE <u>May-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Hope</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill</u>
DATE REC'D BY LOCAL REG. <u>MAY 14 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ROBINS-FUNERAL HOME 417 N 8th E. St., L</u>	

me

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Proff

Licensed Embalmer No. 4356

P. O. Address St. Louis 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.