

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22034
Registrar's No. 1408

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3044

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>413 S. Dade Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>413 S. Dade Ave.,</u>	
3. NAME OF DECEASED (Type or Print) <u>Roland Michael Stark,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 20, -1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of St. Louis</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>
13a. FATHER'S NAME <u>Christopher F. Stark</u>		13b. MOTHER'S MAIDEN NAME <u>Rosetta Sauer</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Stark</u> ADDRESS <u>413 S. Dade Ave.,</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Regenerative ht. disease</u> <u>left ventricular failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+ 93d</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>12 June, 1949</u> , to <u>12 June, 1949</u> , that I last saw the deceased alive on <u>12 June, 1949</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>902 Florissant Ferguson</u>	23c. DATE SIGNED <u>6/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-13-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gullinane Bros.</u> ADDRESS <u>3320 N. Kingshighway.</u>	

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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Fred Frick

Signed _____
Student Embalmer

Licensed Embalmer No. 3186

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.