

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42989**
Registrar's No. **10881**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Williamson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion	
c. LENGTH OF STAY (In this place) 49 days		d. STREET ADDRESS W.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) RUBY b. (Middle) E c. (Last) STARRICK			4. DATE OF DEATH (Month) (Day) (Year) 12-17-49		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-3-1901		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Union County, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME J.T. Marks		13b. MOTHER'S MAIDEN NAME Estella Pressley		14. NAME OF HUSBAND OR WIFE Frank Starrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 349-14-1370		17. INFORMANT'S SIGNATURE OR NAME Frank Starrick ADDRESS Marion Illinois	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor (malignant) left parietal region		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Post-operative			

19a. DATE OF OPERATION 12/15/49		19b. MAJOR FINDINGS OF OPERATION Brain tumor		20. AUTOPSY? YES <input checked="" 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) 54	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221	

22. I hereby certify that I attended the deceased from **12-14, 1949**, to **12-17, 1949**, that I last saw the deceased alive on **12-17, 1949**, and that death occurred at **5 A.M.**, from the causes and on the date stated above...

23a. SIGNATURE FR Bradley (Degree or title) MD		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 12/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-17-1949		24c. NAME OF CEMETERY OR CREMATORY Loof Com	
24d. LOCATION (City, town, or county) (State) Marion Illinois					

DATE RECD BY LOCAL DEC 19 1949		REGISTRAR'S SIGNATURE J.B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary 4104 Manchester	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

18801

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 J Allen Dairs Jr
Licensed Embalmer No. 4053
P. O. Address StLouis 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.