S. No. 300
Rev. (10.48)

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18997

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4379

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JENNINGS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2838 GLADE AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JENNINGS
d. STREET ADDRESS (If rural, give location): 2838 GLADE AVE

3. NAME OF DECEASED (Type or Print): a. (First) WOLDEMAR b. (Middle) c. (Last) STARKE
4. DATE OF DEATH (Month) (Day) (Year): MAY 30, 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12/11/1894
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FILM WORKER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): EDWARDSVILLE ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: WOLDEMAR STARKE
13b. MOTHER'S MAIDEN NAME: MARY MEYER
14. NAME OF HUSBAND OR WIFE: EMILY STARKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-10-7368
17. INFORMANT'S SIGNATURE OR NAME: EMILY STARKE — ADDRESS: 2838 GLADE AVE

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert R. Sloan (Degree or title): Local Registrar of Vital Statistics
23b. ADDRESS: 651 South Brentwood Boulevard
23c. DATE SIGNED: 5/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6/2/50
24c. NAME OF CEMETERY OR CREMATORY: CARVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MO.

DATE REC'D BY LOCAL REGISTRAR: MAY 31 1950
REGISTRAR'S SIGNATURE: Herbert R. Sloan
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed Ben E. Hoffman

Signed _____
Student Embalmer

Licensed Embalmer No. 4366

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.