

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4006

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3054

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 7833 STANFORD AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7833 STANFORD AVE		e. STREET ADDRESS (If rural, give location) 7833 STANFORD AVE	
3. NAME OF DECEASED a. (First) JAMES (Type or Print)		b. (Middle) WEBSTER	
c. (Last) STARK.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11 1903
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James H. Stark.		13b. MOTHER'S MAIDEN NAME Mary Begee.	14. NAME OF HUSBAND OR WIFE Ruth Kipp Stark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. — —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth K. Stark., 7833 Stanford Ave.
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* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 29201	
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?	
22. I hereby certify that I attended the deceased from <u>Jan -</u> , 19 <u>50</u> , to <u>Dec 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>50</u> , and that death occurred at <u>7: A.</u> m.; from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John P. Murphy, M.D.		23b. ADDRESS 634 N. Grand	23c. DATE SIGNED Dec 18-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-1950	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. 12/18/50.	REGISTRAR'S SIGNATURE Herbert R. Lupton, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd	

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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 Melvin J. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 425-2

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.