

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34538

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2469

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Stark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16th 1953</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 3rd 1889</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maint. Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Century Foundry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert L. Stark</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Mullen</u>	14. NAME OF HUSBAND OR WIFE <u>Addie Stark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-09-3725</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Addie Stark</u> ADDRESS <u>Above</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES 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. <u>Posttraumatic Encephalopathy</u>		

19a. DATE OF OPERATION <u>8/10/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subdural Hematoma - Contusion & laceration of brain</u>	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) <u>331X</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 17 /53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell backward & hit two beams</u>
22. I hereby certify that I attended the deceased from <u>8/17</u> , 19 <u>53</u> , to <u>9/17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/17</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE <u>E. A. Dmolac, M.D.</u> (Degree or title)	23b. ADDRESS <u>Beaumont Mt. Bldg</u>	23c. DATE SIGNED <u>9/18/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>9/18/53</u>	REGISTRAR'S SIGNATURE <u>Walter B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>7150 Manchester, Maplewood, Mo.</u>
---	--	---

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 402

P. O. Address Maple

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.