

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH37870
State File No.BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2634

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| 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) <u>Pine Lawn, Missouri</u> | | c. LENGTH OF STAY (In this place) <u>1 YEAR</u> | c. CITY OR TOWN <u>Pine Lawn</u> <u>416</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6228 Dardanella Avenue.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) <u>6228 Dardanella Avenue.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Mollie</u> | a. (First) | b. (Middle) | c. (Last) <u>Starks</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 9 1953</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct 9, 1860</u> | 9. AGE (In years last birthday) <u>93</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall County, Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | | | | |

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| 13a. FATHER'S NAME <u>George Barnett</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Jesse W. Starks dec'd</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Nil</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruby Brown, 6228 Dardanella Ave</u> | ADDRESS <u>6228 Dardanella Ave</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | <u>10 yrs.</u> |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>4201</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 10-9, 1953, to 10-9, 1953, that I last saw the deceased alive on 10-9-53, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>James W. Fletes, M.D.</u> | 23b. ADDRESS <u>7270 Natural Bridge</u> | 23c. DATE SIGNED <u>10-10-53</u> |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-12-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Normandy, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>10/12/53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Smith, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe, 4700 Washington</u> | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

VS OCT 6 1890

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.....
Fred J. Farmer

Licensed Embalmer No.....*1178*

P. O. Address.....*St. Louis*

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.