

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

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 22 1954 STANDARD CERTIFICATE OF DEATH

State File No. 25863

BIRTH NO.		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1606</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>2169</u>	
c. LENGTH OF STAY (in this place) <u>7 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3919 Hartford St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. DATE OF DEATH	
a. (First) <u>OTTO</u>		b. (Middle)		c. (Last) <u>STARCK</u>		(Month) (Day) (Year) <u>July 6 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 27, 1875</u>	
9. AGE (in years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (invalid)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (in years last birthday) Months Days Hours Mins.	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Otto Starck Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Becht</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Starck 1405 Pine St. St. Louis, Mo.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES (b) <u>Chronic myocarditis</u>		<u>6 yrs</u>	
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (c) <u>Schizophrenia</u>		<u>6 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7222		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)		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>6-1-1953</u> to <u>7/6/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>54</u> , and that death occurred at <u>5:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Theslieild</u>				23b. ADDRESS <u>Kirkwood 22 Mo.</u>		23c. DATE SIGNED <u>7/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1954</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. 7/7/54 REGISTRAR'S SIGNATURE Wesley S. Stenberg FUNERAL DIRECTOR'S SIGNATURE ADDRESS WRIEGSHAUSER 4228 S. KINGSHIGHWAY BL.

(Licensed Embalmer's Placement on Reverse Side)

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jale A. Shannon

Licensed Embalmer No. 4533

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.