

FILED SEP 21 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32238
Registrar's No. 8310

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 6 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		e. STREET ADDRESS (If rural, give location) 7041 Sutherland Ave. 2029	

3. NAME OF DECEASED (Type or Print) a. (First) ADDIE b. (Middle) c. (Last) STARK		4. DATE OF DEATH Sept. 8, 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-11-1891
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 4 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Louis Sertier	13b. MOTHER'S MAIDEN NAME Clara Hartung	14. NAME OF HUSBAND OR WIFE Thomas C. 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. 500-32-4373	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Inez Oliver, 300 Corona Ct., Webster Groves, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. BETWEEN ONSET AND DEATH 48-72 hr. 5-10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute ruptured gangrenous appendix.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accompanied by peritonitis and DUE TO (c) paralytic ileus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis and Cholelithiasis			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
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? 5501

22. I hereby certify that I attended the deceased from 31 Aug, 1954, to 2 Sept, 1954, that I last saw the deceased alive on 2 Sept, 1954, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

22a. SIGNATURE <i>Joseph R. Larkin</i> (Degree or title) M.D.	22b. ADDRESS 3284 Ivanhoe Ave. St. Louis, Mo.	22c. DATE SIGNED 9-9-1954
22d. BURIAL, CREMATION, REMOVAL (Specify) Removal	22e. DATE 9-11-1954	22f. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
22g. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.		

DATE REC'D BY LOCAL REG. SEP 9 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	23. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, Maplewood, Mo.
-------------------------------------	--	---

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *H.P. Burgess*

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.