

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29175

FILED SEP 6 1956

State File No.

318

1003

6955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 OR CITY OR TOWN <u>St. Louis</u> ,		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY OR TOWN <u>St. Louis</u> ,		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 <u>Incarinate Word Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>23 1214 Allen Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>B.</u> c. (Last) <u>Starkey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1956</u>				
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>March 26, 1904</u>		9. AGE (In years Last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schleicher Paper Box</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Drozskowski</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Frost,</u>		14. NAME OF HUSBAND OR WIFE <u>William F. Starkey</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>492-22-3074</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William F. Starkey,</u> ADDRESS <u>1214 Allen Ave.,</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: <u>Penetrating duodenal ulcer into pancreas</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Pancreas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>541.1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Penetrating duodenal ulcer into pancreas</u>				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>June 15, 1956</u> , to <u>7/25, 1956</u> , that I last saw the deceased alive on <u>7/25, 1956</u> , and that death occurred at <u>9:30 PM</u> , from the causes and of the date stated above.							
23a. SIGNATURE <u>L. C. Millikin</u> (Degree or title) _____				23b. ADDRESS <u>2608 S. Kings Highway</u>		23c. DATE SIGNED <u>7/27/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>		24b. DATE <u>7/30/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cem,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri,</u>	
DATE REC'D BY LOCAL REG. <u>JUL 27 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>			

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

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Benz
Licensed Embalmer No. 4249
2842 Meramec
P. O. Address St. Louisy.

* 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.