

FILED JAN 15 1957

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43935**
Registrar's No. **11853**

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, Missouri		c. LENGTH OF STAY (in this place) 25 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 21721 Dickson	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Samuel c. (Last) Starks		4. DATE OF DEATH (Month) (Day) (Year) 12 - 23 - 56	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-28-42
9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George Starks	13b. MOTHER'S MAIDEN NAME Laura Scott
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Alvin Trauberg		18. ADDRESS 500 S. Kings Highway	

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CANCER - PROBABLE SARCOMA - PRIMARY SITE - DRIB IT		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		196x	

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)	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 **11-29-1956**, to **12-23, 1956**, that I last saw the deceased alive on **12-23-1956**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Barbara Jones, M.D.	23b. ADDRESS Children Hospital	23c. DATE SIGNED DEC 26 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 27 Dec 56	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo	25. FUNERAL DIRECTOR'S SIGNATURE Charles Smith M.D.	ADDRESS Reliable Funeral Hqs 1389 N Union

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

Female - no only part



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 *Paul V. Freeman*.....

Licensed Embalmer No. *4686*
P. O. Address *4729*.....

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.