

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20186

1. PLACE OF DEATH *Polay*  
 County *Liberty* Registration District No. *201*  
 Township *Liberty* Primary Registration District No. *5280*  
 City *Liberty* (No. ....) St. .... Ward) *72*

2. FULL NAME *George H. Sternbach*  
 (a) Residence. No. ....  
 (Usual place of abode) *Liberty, Mo.* Ward. ....  
 Length of residence in city or town where death occurred yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar 12 - 1851*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<i>77</i>	<i>3</i>	<i>17</i>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Immature*  
 (b) General nature of industry, business, or establishment in which employed (or employer) *I.O.O.F. Home*  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Also in France*  
 (STATE OR COUNTRY) *Per.*

10. NAME OF FATHER *Fred Sternbach*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Also in France*  
 (STATE OR COUNTRY) *Per.*

12. MAIDEN NAME OF MOTHER *Mary Henri Hard*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Also in France*  
 (STATE OR COUNTRY) *Per.*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 9 19 28*

17. I HEREBY CERTIFY, That I attended deceased from *July 19* 19*27* to *June 29* 19*28* that I last saw him alive on *Feb 28* 19*28*, and that death occurred, on the date stated above, at *5:45 pm*.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Senility*

162 (duration) yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) *164* (duration) yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS *W.H. At the head* (Signed) *W.H. At the head*, M. D.  
 (Address) *Liberty Mo*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Prussia, Kan* DATE OF BURIAL *7/1 - 19 28*

20. UNDERTAKER *Church-Archer Co* ADDRESS *Liberty, Mo*

14. INFORMANT *Pam R. Rogers*  
 (Address) *Liberty Mo*

15. FILED *7/10/28* 19..... *Wm H Goodson* REGISTRAR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

