

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Senate Apt, 265 N. Union /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
 (c) City or town **St. Louis** **12 17**
(If outside city or town limits, write "RURAL") **9**
 (d) Street No. **265 N. Union**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Jerome A. Sternberg**

3. (b) If veteran, name war **none** 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**
 6. (b) Name of husband or wife **Florence Baumann** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 6 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	3	24	hr. _____ min. _____

9. Birthplace **Beraz** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Millinery Mfg**

11. Industry or business _____

12. Name **Harry Sternberg**
 13. Birthplace **Penn.** /
(City, town, or county) (State or foreign country)
 14. Maiden name **Selma Engleman**
 15. Birthplace **N.Y. State** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Jester Ackerman**
 (b) Address **7246 Wydown**

17. (a) **Burial** (b) Date thereof **9/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai**

18. (a) Signature of funeral director **Wagner**
 (b) Address **4356 Lindell Blvd**

19. (a) **SEP 1 1941** (b) **J. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **30**
 year **1941** hour **8:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19**25**, to **Aug. 30**, 19**41**;
 that I last saw him alive on **Aug. 30**, 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant hypertension** **6 mo +**
Nephritis **7 da**
 Due to **Arterio-sclerosis**
 Due to **Nephrosclerosis**

Other conditions **13/2**
(Include pregnancy within 3 months of death)

Major findings: **13/2**
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (d) Means of injury _____

23. Signature **Therese Sale** (M. D. or other) **0**
 Address **4500 Clark** Date signed **8/24/41**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No.....

3578

P. O. Address.....

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

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