

S. No. 2
M-2-43
5-17-39
X32667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 7 1943

1003

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 6881

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3825 Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Archibald Sterling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 16, 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28, year 1943 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from July 26, 1943, to July 28, 1943; that I last saw him alive on July 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction

Due to arteriosclerosis

Other conditions: lobar pneumonia
(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

Major findings: Of operations _____

Of autopsy Myocardial infarction, lobar pneumonia

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name John A. Sterling

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Minervia Lacy

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence E. Sterling

(b) Address 3825 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chas. J. Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) Aug 20 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

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? _____

23. Signature Dany Finberg (M.D. or other) me
Address 1515 Lafayette Avenue Date signed 7/28/43

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..... *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

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