

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39225

State File No. _____

FILED DEC 11 1943

Registrar's No. 2679

Registration District No. 317

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(c) Name of hospital or institution:
6537 Crest Ave.,
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(d) Street No. 6537 Crest Ave.,
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINTED FULL NAME Florence Elizabeth Sternecker

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Sternecker 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 12, 1894.

8. AGE: Years Months Days If less than one day
49 4 20 hr. min.

9. Birthplace Unknown Iowa

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Kaiser

13. Birthplace Unknown Ohio

14. Maiden name Elizabeth Engle

15. Birthplace Germany

16. (a) Informant Edward Sternecker

(b) Address 6537 Crest Ave.,

17. (a) Burial (b) Date thereof Dec. 6/43.

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) DEC - 4 1943 (b) E. J. McKeever, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1943 hour 5.55 minute A.M. M.

21. I hereby certify that I attended the deceased from 11/1/41
that I last saw her alive on 7/27/41
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart Disease
with Stenosis of Aorta

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Microscopic & Macroscopic

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12/2/43

(c) Where did injury occur? U. S. Army, St. Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? 0 (Specify type of place) Means of injury Fall down

23. Signature E. J. McKeever (M. D. or other) _____

Address 539 N. Grand Date signed 12/3/43

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

76
5

Duration 9 yrs 7
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Arthur E. Strauss
Humboldt Bldg.
J.E. 6525

DEC 11 1953

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 St. Louis, Mo......

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.