

No. 2
8-43
5-17-39
I X37823

FILED AUG 20 1946

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 8 mo (Specify whether years, months or days)
 In this community 8 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town St. Clair
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wayne Carl Sterling
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1946 hour 11 minute 3 a.m.
 21. I hereby certify that I attended the deceased from 8-6 1946, to 8-6 1946
 that I last saw him alive on 8-6 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife None
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 8-6-1946
 (Month) (Day) (Year)

Immediate cause of death Premature birth Duration 3 hrs

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

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 11/59
 Of operations _____
 Of autopsy _____

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

10. Usual occupation _____
 11. Industry or business _____
 12. Name Donald Sterling
 13. Birthplace Denver Colorado
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Redhead
 15. Birthplace St. Clair Mo
 (City, town, or county) (State or foreign country)

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) _____
 (e) Means of injury _____

16. (a) Informant Donald Sterling
 (b) Address Landelle MO
 17. (a) Burial (b) Date thereof 8-7-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Landelle Mo
 18. (a) Signature of funeral director Wayne Carl Sterling
 (b) Address 8746
 19. (a) 8/7/46 (b) _____
 (Date received local registrar) (Registrar's signature)

23. Signature W. M. D. (M. D. or other) M.D.
 Address Union, Mo Date signed 8-7-46

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

256630

RECEIVED

District Health Officer No. 9,

District File Number

8-46-177

Date Filed

8-17-46

STATEMENT BY LICENSED EMBALMER

Not Embalmed Only Skn old

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.....

14 7 3 Licensed Embalmer No.....

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.

Registration District No. 116 Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Wayne C. Sterling

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Aug 6
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 8/27/46 (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin

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

(d) Street No. Route 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 6 Year 1946 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:
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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

26790