

FILED AUG 29 1948 **318** **STANDARD CERTIFICATE OF DEATH** **1003**

State File No. _____
Registrar's No. **73691**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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:
Jewish Hos'p
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24hrs
(Specify whether

In this community abt 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NRIK

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

(d) Street No. 735 Leland
(If rural, give location)

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

3. (a) PRINT FULL NAME Howard S. Stern

3. (b) If veteran, name war none

3. (c) Social Security No. 494-09-1898

4. Sex M. race W.

5. Color or race W.

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

6. (b) Name of husband or wife Elsie Baer Stern

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 1, 1888
(Month) (Day) (Year)

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

57 11 24 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business piece goods

12. Name Samuel Stern

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

14. Maiden name Thekla Ellenbogen

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

16. (a) Informant Thekla Stern

(b) Address 735 Leland

17. (a) Cremation (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) AUG 25 1948 (b) J. F. Dredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1948 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from June 19.25 to Aug 24 19.46
that I last saw him alive on Aug 23 19.46
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12h

Due to arteriosclerosis 15-7

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____

Of autopsy Coronary Occlusion

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) (M. D. or other)

23. Signature George F. D. D. (M. D. or other) _____
Address Indep. 11th Date signed 8/24/48

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

MOTHER FATHER

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..... *J. Allen Davis*
Licensed Embalmer No..... *4053*
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.