

FILED NOV 13 1946

Registration District No. **33**

Primary Registration District No. **675 3010**

Registrar's No. ~~32961~~ **365**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
220 N. Park Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 27 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 220 N. Park Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME JULIUS STERN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sophie Stern

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

7. Birth date of deceased August 12 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Wholesaler

11. Industry or business Produce

12. Name David Stern

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

14. Maiden name Sharon (unk)

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

16. (a) Informant David Stern

(b) Address Cape Girardeau

17. (a) burial (b) Date thereof 11/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) 11-6-1946 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
year 1946 hour 8 minute 10 a.m.

21. I hereby certify that I attended the deceased from 10/31/46 to 10/31/46
that I last saw him alive on 10/30/46 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
Due to _____

Due to Myocarditis

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

Major findings: Of operations 131B

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 G. G. Summers (M. D. or other) _____
Address Cape Girardeau Date signed 11/1/46

MAY 16 1947

MAR 7 1947

RECEIVED

District Health Officer No. 4
District File Number 1146-2841
Date Filed 11-12-46

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 *James D. Auding*
Licensed Embalmer No. 4529

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.