

6725

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **1585**

FILED MAR 5 1949

318

1003

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 4600 Delmar Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) W c. (Last) STERNBERG			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16th, 1949		
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH June 12-1881	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Charles F. Sternberg		13b. MOTHER'S MAIDEN NAME Emma Jennings		14. NAME OF HUSBAND OR WIFE (Maude Sternberg) <i>berg</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-20-9463		17. INFORMANT'S SIGNATURE OR NAME Charles J. Sternberg	
				ADDRESS Fredericktown, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS FAR ADV.			INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2/14/49, 10:00 PM to 2/16/49, 1949, that I last saw the deceased alive on 2/16/49, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph B. Bledsoe, M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 2/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-49		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County Mo	

DATE REC'D BY LOCAL REG. FEB 19 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE A. W. McLaughlin	
				ADDRESS 2301 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

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

1 2

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

C. H. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. *3830*

P. O. Address *230 N. Myrtle*

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.