

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16194

2102

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs.		e. STREET ADDRESS (If rural, give location) 804 West 57th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 804 West 57th Street		STREET ADDRESS 804 West 57th Street	

3. NAME OF DECEASED (Type or Print) HAROLD	a. (First)	b. (Middle) G.	c. (Last) STERNBERG	4. DATE OF DEATH (Month) (Day) (Year) May 10 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Customer's Dept.	10b. KIND OF BUSINESS OR INDUSTRY Gas Service Co.	11. BIRTHPLACE (City and State or Foreign Country) Norwich, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Olin Sternberg	13b. MOTHER'S MAIDEN NAME Mary Grant	14. NAME OF HUSBAND OR WIFE Lelia P. Sternberg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-12-9789	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lelia P. Sternberg	ADDRESS 804 W. 57th, K.C. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Abdominal Aneurysm 2 Yr.		
	DUE TO (c) Gen Arteriosclerosis 4 + Yr.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Dia 6 + Yr.			

19a. DATE OF OPERATION 3/16/54	19b. MAJOR FINDINGS OF OPERATION Inoperable Aneurysm of Abdominal Aorta 451 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Misc.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 **Sept 25, 1948** to **May 10, 1954**, that I last saw the deceased alive on **May 8, 1954**, and that death occurred at **7:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robt. J. Boody	(Occupation or title) Physician	23b. ADDRESS 217 Plaza Pine Ridge KC Mo	23c. DATE SIGNED 5/10/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 11, 1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Wichita, Kansas
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DATE REC'D BY LOCAL REG. 5-10-54	REGISTRAR'S SIGNATURE Stardine Smith	25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

After item 29

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..

Student.....
Signature of Student Embalmer

Signed *J. S. Free*.....

Licensed Embalmer No. 29.....

P. O. Address *F. O.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.