

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37863

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis. (No. 4934) Fountain St. St. Ward

File No.....
Registered No. 10569 St. Ward

2. FULL NAME

Soloman M. Sterns
(a) Residence, No. 4934 Fountain St. St. 12 Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu Sterns.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15th. 1859

7. AGE 73 YEARS MONTHS 8 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Broker.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Mississippi

MOTHER 13. NAME Ludwig H. Sterns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Sybella Schatz.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Lulu Sterns (ADDRESS) 4934 Fountain

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE Nov. 30 1932

19. UNDERTAKER Bernie Nickaus (ADDRESS) 1138 W. 62

20. FILED NOV 29 1932 W. C. Starker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13 1932 to Nov. 28 1932

I last saw him live on Nov. 27 1932 at 2:30 A.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset about 1929

Other contributory causes of importance:

Pulmonary tuberculosis, Mg, 1904

Name of operation No operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed) M. D. Geminge M. D.

(Address) 4121 Washington Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

