

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

Do not use this space.

18084

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights

Registration District No. 1170
Primary Registration District No. 6248H
(No. St. Marys Hospital)

File No. _____
Registered No. 104
St. _____ Ward)

2. FULL NAME Hiram Liggett Sternberg

(a) Residence, No. 7529 Folk Ave. St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Lillian E. Sternberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1879

7. AGE YEARS 56 MONTHS 9 DAYS 19
IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

FATHER
13. NAME Charles F. Sternberg

14. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Emma Jennings

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

17. INFORMANT Lillian E. Sternberg
(ADDRESS) 7529 Folk Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Apr. 9, 1936

19. UNDERTAKER Louis Undertaking Co
(ADDRESS) 468 Washington Bldg.

20. FILED 4/9 1936
Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/36

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10 A. m.

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

Subarachnoid hemorrhage, (cerebral hemorrhage) bi-lateral, extensive cerebral edema causing pressure in the base of the medulla and pons.

Other contributory causes of importance:

Cerebral convulsions caused by cerebral pressure. Old contused area over the rt. parietal bone. Died in convulsions.

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur? OVER
(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?
If so, specify _____

(Signed) L. B. Jennings M. D.

(Address) 3718 Jennings Ave
Corvallis, Ore., Ore.

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.

History of being struck about six weeks ago by automobile, while crossing street. Not yet varified. Taken to St. Louis City hospital where he was cared for, All records of case can be found at St. Mary's hospital where he died, also at the City hospital and clinic . .

Verdict of jury: That
Injuries, cause unknown,
therefore, we the jury
return an open verdict.