

Y-18-1938

REC'D JUN 7 1938

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

19536  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis  
 (b) Township \_\_\_\_\_  
 (c) City University City (d) Street No. 6257 Northdrive St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis Julius Stern 36.5  
 (a) Residence, No. 6257 Northdrive St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Bertha Stern

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 6 17

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

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

FATHER 13. NAME Abraham Stern  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER 15. MAIDEN NAME Bertha Iken  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT Mrs. Bertha Stern  
 (ADDRESS) 6257 Northdrive

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 5/18, 1938

19. FUNERAL DIRECTOR H.B. Berger  
 (ADDRESS) 4715 McPherson

20. FILED MAY 18 1938 G.R. Meyer Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to May 16, 1938  
 I last saw him alive on May 16, 1938. 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:

Cerebral Apoplexy Date of onset May 16

Other contributory causes of importance:  
Hypertension  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? \_\_\_\_\_ (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) Joe M. Orenstein, M. D.  
 (Address) 5300<sup>th</sup> Eastern Ave

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.

STATEMENT BY LICENSED EMBALMER

I, **Herbert I. Berger**, Licensed Embalmer No. **1597**

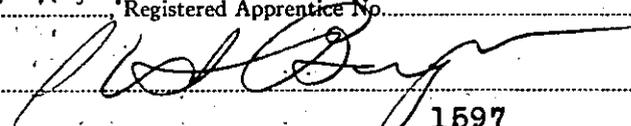
**ME**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... **L. E.** .....

No..... or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. **1597**

**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.)**