REC'D OCT 12 1938

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

791

30604
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8041
(c) City St. Louis (d) Street No. Missouri Baptist Hospital 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emile R. Sterbenz 361
(a) Residence, No. 5756 Maple Ave. St. 5
(Usual place of abode, if no street address, write county or city) (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 Edith L. Sterbenz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1868

7. AGE: YEARS 69 MONTHS 11 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. News Paper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug. 1938
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elpaso, Ill.

FATHER
13. NAME Michael Sterbenz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Elizabeth Roupe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, Louisiana

17. INFORMANT (ADDRESS) Edith L. Sterbenz 5756 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED SEP 12 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1938, to 9-11, 1938
I last saw him alive on 9-10, 1938. Death is said to have occurred on the date stated above, at 1:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypostatic pneumonia	9-9-38

Other contributory causes of importance: Fracture left Calcaneus

Name of operation Open reduction Date of 8-24-38
What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~ contributory? Date of injury 8-23, 1938
Where did injury occur? Wake Democrat Pub Co. St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fall down steps
Nature of injury Fracture left Calcaneus

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Writer on duty
(Signed) W. W. Williamson, M. D.
(Address) 235 Frisco Bldg.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Friser Bldg. Cent. 9901

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, Jos. E. McCulloh, or by ——

Registered Apprentice No. ——, working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.