

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

4568  
Do not use this space.

1. PLACE OF DEATH 1939

(a) County.....  
 (b) Township.....  
 (c) City St. Louis  
 (d) Street No. BARNES HOSPITAL  
 (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 Burla Lois Sterman

(a) Residence, No. C St. WA Glen Carbon Ill  
 (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 Female  
 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 Bernie Sterman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
32 8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work  
 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arlington Ky

FATHER 13. NAME John Wyatt

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

MOTHER 15. MAIDEN NAME May Bridgeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arlington Ky

17. INFORMANT Bernie Sterman  
 (ADDRESS) Glen Carbon Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Arlington Ky DATE 2-10-1939

19. FUNERAL DIRECTOR (NAME) Stoube Funeral Home  
 (ADDRESS) Edwardsville, Ill

20. FILED FEB 8 1939 J.P. Butler  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Feb 8, 1939  
 I last saw her alive on Feb 8, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Tuberculosis meningitis Date of onset  
gjk

Other contributory causes of importance:

Name of operation none Date of  
 What test confirmed diagnosis? Smear 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? (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) E. L. Leman, Jr., M. D.  
 (Address) BARNES HOSPITAL

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

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

Signed *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Dhannis*

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