3 25 1939 REC'D MAR 9 1939

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

Do not use this space. 7796

1. PLACE OF DEATH
(a) County St. Louis 2
(b) Township Normandy 1
(c) City Overland
Registration District No. 784
Primary Registration District No. 200
Registered No. 350
(d) Street No. 9023, Olden Ave. 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 Albion Meade Sterrett.
(a) Residence, No. 9023 Olden Ave. St.
(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 Felicitas M. Sterrett.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1884

7. AGE: Years 54 | Months 2 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Express Messenger.
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) St. Joseph, Mo. C

FATHER
13. NAME James S. Sterrett C
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know C

MOTHER
15. MAIDEN NAME Agnes Hannan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Felictas M. Sterrett.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Lake Charles Cem. DATE Feb. 27, 1939

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch, Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED FEB 25 1939 T. C. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to Feb 21, 1939
I last saw h. alive on 2-21, 1939 Death is said to have occurred on the date stated above, at 8 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Chronic Myocarditis.	
93 C	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) Paul R. Whitener, M. D.
(Address) 8923 Midland Overland Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Midland
Brown & Midland
1-30 & 3 P.M.
8923 Midland

AUG 2 1946

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, 3454 David C Gibson, or by .....

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

Signed David C Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis Mo.

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.