

1939 JUL 12 1939

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

20527
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City (d) Street No. **St. John's Hosp.** 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 ³⁶¹ **Martha J. Sterba,**

(a) Residence, No. **3772 Lee Ave.** St. **10**
(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 **Michael J. Sterba**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 24, 1875**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **New York**

FATHER 13. NAME **Michael Bannzek**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Michael J. Sterba**
(ADDRESS) **3772 Lee Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **6-17 1939**

19. FUNERAL DIRECTOR (NAME) **W. A. Stock Ind. Co.**
(ADDRESS) **2117 E. Grand Blvd.**

20. FILED **JUN 16 1939**
J. B. ...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14, 1939**
22. **6/10/39** HEREBY CERTIFY That attended deceased from **6/11/39**, 19...
I last saw her alive on **6-14**, 19... Death is said to have occurred on the date stated above, at **9:30 A.M.**
The principal cause of death and related causes of importance were as follows:

11 Hypertensive Heart Disease
956
Date of onset **(9)**

Other contributory causes of importance:
Coronary cyst (see pathology) 2
Probably not malignant
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) **Ob. ...** M. D.
(Address) **...**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1938 I X1665

Dr Falk
3604 Washington

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.....

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address. 2117 E. Grand

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.