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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 9 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40737

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2103

1. PLACE OF DEATH:

(a) County Saint Louis.

(b) City or town ~~South Kinloch.~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Louis County Hospital. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Fourteen Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. 1 (b) County St. Louis.

(c) City or town South Kinloch.
(If outside city or town limits, write "RURAL")

(d) Street No. Lix And Stanza Aves.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Taft Sternberger

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased [illegible] 9 1911.
(Month) (Day) (Year)

8. AGE: Years 28, Months 1, Days 28, If less than one day _____ hr. _____ min.

9. Birthplace Brownville (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Chauffer. 1

11. Industry or business _____

FATHER
12. Name Joe Sternberger. 1
13. Birthplace Brownvlle (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Willie Francis Macklin.
15. Birthplace Keeling (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Joe Sternberger

(b) Address Casson & Scudder, Kinloch.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/2/39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director Boyd Bros Funeral Home

(b) Address Lix & Stanza Aves, Kinloch.

19. (a) NOV 30 1939 (Date received local registrar) (b) D. R. Meyer M.D. Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1939 hour 9 minute 09 P.M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Homicide by firearms	11/27/39
Due to Gun Shot wound of Left side of Chest, piercing	
Due to Death. Gun Wound of L. Arm & L. Thigh.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 11/27/39

(c) Where did injury occur So. Kinloch Park (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tavern - Public Place
(Specify type of place)

While at work? no (e) Means of injury Homicide

23. Signature John Connell (M. D. or other)

Address Corner St. Louis Co. Date signed 11/29/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

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

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