S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 9 1941

State File No. 10618

Registration District No. 294 Primary Registration District No. 54098 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural - Central
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. Central Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Eva Sterling
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas. Sterling
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Aug. 21 - 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
10. Usual occupation House w/2.
11. Industry or business Rufing house.
FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant J. W. Sterling
(b) Address Union Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodcock County
18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair, Mo.
19. (a) April 9, 1941 (Date received local registrar) (b) N. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan. 8, 1940, to March - 23, 1941; that I last saw her alive on March - 22, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	2 Hrs.
Due to Coronary arteriosclerosis	
Due to	
Other conditions Asthma. (Include pregnancy within 3 months of death)	Years
Major findings: Of operations	
Of autopsy no	

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Kitchell (M. D.) or other
Address St. Clair Mo Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Sherwood Kitchell.....

Licensed Embalmer No.....3873.....

P. O. Address.....St. Clair, 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.