S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29868

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 892

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7

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 71 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 Olive St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry R.Sterling

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Sterling 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 27,1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Mashoppin (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation Retired Yardmaster

11. Industry or business C.B.& Q. R.R.

FATHER
12. Name Chas.Daniel Sterling
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Louise Robinson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss. Mamie K.Sterling
(b) Address 1411 Olive St.,St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Septt16.1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemt.

18. (a) Signature of funeral director [signature]
(b) Address 1802 Union Str.,St.Joseph,Mo.

19. (a) 9-16-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8/28/ 1942, to 9/14/ 1942; that I last saw him alive on 9/14/42 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Chronic Pyelonephritis

Due to Hypertrophied Prostate

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above 33a

Of autopsy

Duration

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 Charles Greenberg (M. D. or other)
Address Pc Sbly St Joseph Mo Date signed 9/15/42

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(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 Elbert P. Harrington

Licensed Embalmer No. 3238

P. O. Address [illegible]

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, fact should be so stated above.