

S. No. 2  
M-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2815

State File No. \_\_\_\_\_

FILED FEB 10 1943

Registrar's No. 9

Registration District No. 206

Primary Registration District No. 5744

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural (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 Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maud Elizabeth Sternberg

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 12 1941 (Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madison Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles Sternberg 13. Birthplace M. Celeste Ark. (City, town, or county) (State or foreign country)

14. Maiden name Gloria Sternberg 15. Birthplace Madison Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Charles Sternberg

(b) Address Madison Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Feb 1-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mower-Cox

18. (a) Signature of funeral director Ed. H. Webb

(b) Address Fredricktown Mo.

19. (a) Feb. 1 1943 (Date received local registrar) (b) S. C. S. Langhals (If registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1943 hour 1 minute 10 a.m.

21. I hereby certify that I attended the deceased from with \_\_\_\_\_ 19\_\_\_\_ to Jan 31 1943 that I last saw her alive on Jan 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy none

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) \_\_\_\_\_ no

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. B. Parker (M. D. or other)

Address Fredricktown Mo. Date signed Feb 4 1943

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

62  
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RECEIVED

District Health Officer No. 4  
District File Number 243-178  
Date Filed 2-9-43

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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. 4264

P. O. Address Fredericktown, Md

**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.**