

FILED APR 19 1943 318

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5139 Raymond Ave.  
(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)

3. (a) PRINT FULL NAME Lydia Adams Sterrett

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife..... William Sterrett

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

7. Birth date of deceased July 7 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 9 2 hr. min.

9. Birthplace Sandwich Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Walter Adams

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Cox

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy W. Maule

(b) Address 5139 Raymond Ave.

17. (a) Removal (b) Date thereof 4-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandwich, Ill

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) APR 10 1943 J. J. Beuleck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5139 Raymond Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9<sup>th</sup>  
year 1943 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 1<sup>st</sup>, 1943, to April 9<sup>th</sup>, 1943, that I last saw her alive on April 9<sup>th</sup>, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 1 week

Due to Arterial Sclerosis 2 1/2 yrs

Due to Chronic Interstitial Nephritis 2 1/2 yrs

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None

While at work? None  
(Specify type of place) (e) Means of injury.....

23. Signature D. Scott Neve (M. D. or other) MD

Address 634 N. Grand Date signed 4-10-43

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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: *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

**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.**