

FILED JUN 12 1948

Registration District No. _____ Primary Registration District No. 2054

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

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)
 In this community Life time

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Louisiana
(If outside city or town limits, write "RURAL")
 (d) Street No. 1701 South Carolina
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

3. (a) PRINT FULL NAME Andrew L Sterne
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19
 year 1944 hour 2:00 minute AM.
 21. I hereby certify that I attended the deceased from about
April 1, 1944, to May 19, 1944
 that I last saw him alive on May 18, 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jessie Mae Sterne 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased July 18 1867
(Month) (Day) (Year)

Immediate cause of death Nephritis, Hemorrhagic type
Microthian
 Due to Not Determined

8. AGE: Years 76 Months 10 Days 1
 If less than one day hr. _____ min. _____

Due to _____
 Other conditions Premature Debility
(Include pregnancy within 3 months of death)

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Nurse
 11. Industry or business Orth. Bro. Nurseries
 12. Name Robert Sterne
 13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name M. Martha Martin
 15. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations none
 Of autopsy none

16. (a) Informant Mrs. A. L. Sterne
 (b) Address Louisiana Mo.
 17. (a) Burial (b) Date thereof May 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Louisiana Mo.
 18. (a) Signature of funeral director Barnes Sterne
 (b) Address Louisiana Mo.
 19. (a) 5-19-44 (b) J. C. Haley
(Date received local registrar) (Registrar's signature)

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
(Specify type of place)
 While at work? none Means of injury none
 23. Signature Charles P. Jewell (M.D.)
 Address Louisiana Mo. Date signed 5/21/48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-44-1106

Date Filed JUN 9 1944

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

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address

Louisiana, 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, fact should be so stated above.