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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19174

Primary Registration District No. 3063

Registrar's No. 1105

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7246 Wydown Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Over 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7246 Wydown Blvd
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Selma Angleman Sternberg

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

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Harry Sternberg

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

7. Birth date of deceased August (Month) 18 (Day) 1868 (Year)

8. AGE: Years 75 Months 8 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace New york City (City, town, or county) / (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name Aron Angleman
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Emma Levy
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lester Ackerman
(b) Address 7246 Wydown Bovd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer Dud
(b) Address 4356 Lindell Blvd

19. (a) MAY 16 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1944 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from ....., 1926 to May 12, 1944
that I last saw her alive on May 12, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	Few days
Pyelo-nephritis	Few yrs
Due to Art. sclerosis	"
Hypertension	"
Due to Hemiplegia	3 yrs
Art. scler. heart dis	10 yrs

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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 Llewellyn Sale (M. D. ~~or other~~)
Address ~~May 13, 44~~ 4500 Olive Date signed 5/13/44

(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 John Ogonowski

Licensed Embalmer No. 3398

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.