

No. 2
12-45
5-17-39
K47070

FILED MAR 3 1948

1003

State File No. 1777

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 7 mos.
(Specify whether years, months or days)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5351 Delmar Blvd
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sterling, Clarence E

(b) If veteran, name war None

(c) Social Security No. None

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Susan H. Sterling

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 12, 1878
(Month) (Day) (Year)

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

68	7	7	hr. min.
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9. Birthplace Lebanon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Sterling

13. Birthplace Cover, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Va Lacy
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar Boulevard, St. Louis

17. (a) Burial (b) Date thereof 2/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) FEB 21 1948 J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19th
year 1947 hour 1 minute 12 P.M.

21. I hereby certify that I attended the deceased from 2-19-47 to 2-19-47
that I last saw her alive on 2-19-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 2-18-47

Due to chr insufficiency

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

Major findings:
Of operations nil

Of autopsy nil

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) nil

(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? 0

While at work? nil (Specify type of place)

(c) Means of injury nil

23. Signature James A. Carson (M. D. or other) nil

Address 3903 Olive Date signed 2-19-47

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

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 Robert T. Sangster
Licensed Embalmer No. 4290
P. O. Address St. Louis, 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.