

No. 2  
12-45  
-17-39  
X47070

FILED MAY 22 1947 318

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4867

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:  
4525 Fair Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 4525 Fair Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
year 1947 hour 9:30 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 12/6-31  
5/13, 1947, to 5/12, 1947  
that I last saw h. alive on \_\_\_\_\_, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hemorrhage of brain  
Due to arterial sclerosis  
Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)  
830

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy m

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? \_\_\_\_\_

nc While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature D.R. Pannan (M. D. or other) \_\_\_\_\_  
Address 3903 Olive Date signed 5/14-47

3. (a) PRINT FULL NAME John H. Stearn

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Stearn nee Hagerty 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 22, 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Canada 2  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

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

12. Name Jonar J. Stearn

13. Birthplace Unknown Canada 2  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Eliz. Hudson

15. Birthplace Unknown Canada 2  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Stearn  
(b) Address 4525 Fair Ave

17. (a) Burial (b) Date thereof 5/16/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc  
(b) Address 2161 East Fair Ave

19. (a) MAY 14 1947 (b) J. F. Buchick  
(Date received local registrar) (Registrar's signature)

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

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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 *W. J. Good & Burnley*  
Licensed Embalmer No. *4282*  
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.**