

FILED NOV 14 1947

1003

Registration District No. 318

Primary Registration District No. ....

Registrar's No. 10252

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hospital, 216 So. Kingshighway  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 weeks  
(Specify whether  
 In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5116 Cabanne 9  
(If rural, give location)  
 (e) Citizen of foreign country? 12 0  
(Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME Miss Henrietta Stern

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 14 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 7 21 hr. min.

9. Birthplace Farmerville, La.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home (Invalid)

11. Industry or business.....

MOTHER FATHER  
 12. Name Eugene Stern  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Helen Schuster  
 15. Birthplace Shreveport, La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Stern  
 (b) Address 5116 Cabanne

17. (a) cremation (b) Date thereof 11-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Lomb  
 (b) Address 6175 Delmar

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th  
 year 1947 hour 8: minute 00 A. M.

21. I hereby certify that I attended the deceased from March 1920 to Nov. 5 1947  
 that I last saw him alive on Nov. 5 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Diabetes mellitus  
Atherosclerosis general  
 Duration  
 Due to  
 Due to  
 Other conditions: 61  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations  
 Of autopsy  
 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?

23. Signature Harry Sandberg (M. D. or other)  
 Address 638 N. 1st Date signed 11-6-47  
(Specify type of place) (e) Means of injury

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 *Jos. E McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

**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.**