. S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7078
Registrar's No. 1941

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hos'p (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Clayton 2 (If outside city or town limits, write "RURAL")
(d) Street No. 8005 Kingsbury 3 (If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Franz O. Stern
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male 0
5. Color or race W.
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Marianne Holzinger Stern
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased June (Month) 18 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	8	7	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Doctor of Medicine 1
11. Industry or business
FATHER 12. Name Bruno Stern 11
13. Birthplace (City, town, or county) Germany (State or foreign country) 1
MOTHER 14. Maiden name Frida Hellmann
15. Birthplace (City, town, or county) Germany (State or foreign country) 11
16. (a) Informant Mrs Franz Stern 1
(b) Address 8005 Kingsbury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director
(b) Address 4356 Lindell Blvd
19. (a) FEB 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25 year 1948 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from Nov 1, 1945 to FEB 25, 1948 that I last saw h. alive on FEB 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC FAILURE	1½ YRS
Due to HYPERTENSION, ESSENTIAL	5 YRS
HYPERTENSIVE HEART DISEASE	5 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy CARDIAC HYPERTROPHY AND DILATATION	

PHYSICIAN — Underline the cause of 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) 0
While at work? (c) Means of injury
23. Signature Harry Ogens (M. D. or other) MD
Address 634 N. Grand Date signed 2/26/48

Jefferson City Printing Co.
(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.....

Licensed Embalmer No. 5971

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.