S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7079

State File No. 1974

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

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 City Sanatarium
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5657 Waterman Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry L. Stern
3. (b) If veteran, name war
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 Lena Pufeles Stern
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 70 | Months - | Days - | If less than one day hr. min.

9. Birthplace Charlottesville, Va. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Shoe Salesman
MOTHER FATHER
12. Name David Stern
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Hannahn Letteman
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lena Stern
(b) Address 5657 Waterman Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director
(b) Address 5216 Delmar Blvd.
19. (a) FEB 27 1948 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1948 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Subdural Hemorrhage of the brain, Laceration of right forehead, when he tripped and fell to the floor of Hall J-4 City Sanitarium around 2:30 P.M., February 15, 1948. WHETHER
Due to HE ACCIDENTALLY TRIPPED OR WAS IN-
Due to TENTIONALLY TRIPPED BY A PATIENT OF THE SANITARIUM COULD NOT BE DETERMINED
OPEN VERDICT

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Open verdict
(b) Date of occurrence Feb. 15, 1948
(c) Where did injury occur? St. Louis, Missouri. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? (e) Means of injury fall

23. Signature Alfred Henry (M. D. or other)
Address Date signed 2/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....John Ritter.....

Licensed Embalmer No.....3860.....

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.