

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6724

State File No. 1517

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Little Sisters of Poor		d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd.	

3. NAME OF DECEASED (Type or Print) Benjamin Sterling			4. DATE OF DEATH (Month) (Day) (Year) February 16, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH November 2, 1882	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Sterling		13b. MOTHER'S MAIDEN NAME Helen Augusta Kampf		14. NAME OF HUSBAND OR WIFE Adeline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Henry 3400 S. Grand Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Endocarditis Rheumatism ANTECEDENT CAUSES Cardiac dilatation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Coronary atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr 1 week 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 16**, 19**49**, to **2/16**, 19**49**, that I last saw the deceased alive on **Feb 15**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Keedy		23b. ADDRESS 607 N Grand Blvd		23c. DATE SIGNED 2/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/49		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, MO.	

DATE REC'D BY LOCAL REG. FEB 17 1949		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons and Co., 2630 Gravois Ave.	
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Robert T. Gebken

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.