

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39330

318

1003

9714

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)			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis Mo. 3				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Terminal Hotel				d. STREET ADDRESS (If rural, give location) 23 16th & Market			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Emmett		Larence		Sterne		4. DATE OF DEATH (Month) (Day) (Year) Nov 10 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 9 1912		9. AGE (In years last birthday) 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elect Insp.		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac.		11. BIRTHPLACE (State or foreign country) Little Rock, Ark		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. H. Sterne		13b. MOTHER'S MAIDEN NAME Emma Sittmann		14. NAME OF HUSBAND OR WIFE Edith Sterne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 702-16-1238		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alexander Mo. Pac. Off.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)			
				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Neurogenic Heart Disease			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		94a	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4301			
22. I hereby certify that I attended the deceased from 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at 830 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dorothy E. Taylor				23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 11/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 12 1949		24c. NAME OF CEMETERY OR CREMATORY North Little Rock		24d. LOCATION (City, town, or county) (State) Little Rock Ark	
DATE REC'D BY LOCAL NOV 11 1949		REGISTRAR'S SIGNATURE J.B. Hasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar Blvd.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph M. McEulloch

Licensed Embalmer No. 2464

P. O. Address 613 1/2 Palms

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.