

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7948

State File No. 28
Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5783

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Byrd</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Jackson Mo R F D # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo RFD # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Sternberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug 23 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. AGE (If UNDER 1 YEAR) Months <u>7</u> Days <u>4</u>	11. AGE (If UNDER 24 HRS.) Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Jackson Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Friedrick Sternberg</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Hauenscheid</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna Bartels</u>		ADDRESS <u>Jackson Mo. R</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p>MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis, recurrent</u> (b) <u>Arteriosclerotic cardiovascular disease</u> (c) <u>Cardiac decompensation</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. 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) (Min.) <u>11:55 AM</u>		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 <u>June 16 1949</u> to <u>March 27 1950</u> , that I last saw the deceased alive on <u>March 2 1950</u> , and that death occurred at <u>12:30 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. L. ...</u>		23b. ADDRESS <u>Jackson, Mo.</u>	
23c. DATE SIGNED <u>3/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 29 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Tilwit Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Co. (State)</u>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>3-28-50</u> <u>D. G. ...</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComb & ... Jackson Mo.</u>	

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

0160

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-475

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *BA Meyer*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *30571*

P. O. Address *Jackson Mo*

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.