

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39779**
10375
Registrar's No. **10375**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. 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 Desloge Hospital		d. STREET ADDRESS (If rural, give location) 3906 Lindell Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) A. c. (Last) Sterne			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1951		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	8. DATE OF BIRTH 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Thomas Manion		13b. MOTHER'S MAIDEN NAME Bridget O'Day		14. NAME OF HUSBAND OR WIFE Mr. Albert Sterne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. James Manion, 3906 Lindell 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenic purpura. ANTECEDENT CAUSES - ? Carcinoma of the uterus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
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19a. DATE OF OPERATION 11/9/51		19b. MAJOR FINDINGS OF OPERATION Splenectomy		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 174X	

22. I hereby certify that I attended the deceased from **Nov. 9, 1951**, to **Nov. 20, 1951**, that I last saw the deceased alive on **Nov. 20, 1951**, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE O. Rollins Houlton M.D.		(Degree or title)		23b. ADDRESS 1325 S. Grand St. Louis, Mo.		23c. DATE SIGNED 11/21/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. NOV 21 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE J. Honnelley		ADDRESS 3840 Lindell Blvd.	
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. J. Baker

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.