

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26368**
Registrar's No. **5262**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5262	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Clayton		4372	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 428 S. Hanley Road			
3. NAME OF DECEASED (Type or Print) EDNA		a. (First)		b. (Middle) NMN		c. (Last) STERNBERG	
4. DATE OF DEATH June 8, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (in years last birthday) Abt. 59	
5. SEX Female		6. COLOR OR RACE White		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 (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Eisenberg		13b. MOTHER'S MAIDEN NAME Sarah Perlmutter	
14. NAME OF HUSBAND OR WIFE Howard P. Sternberg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Howard P. Sternberg	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA TO BRAIN WITH METASTESIS</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION (REMOVED 2 YEARS AGO)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____		192X	
22. I hereby certify that I attended the deceased from JUNE 7, 1952 , to June 8, 1952 , that I last saw the deceased alive on June 8, 1952 , and that death occurred at 11:15a. , from the causes and on the date stated above.		23a. SIGNATURE F.R. Bradley		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/10/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. ...		ADDRESS 5516 Delmar	

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: *Peter B. Dubrouillard*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.