

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

59-019665
State File No.

FILED MAY 18 1959

Registrar's **2 4502**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's 2 4502	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN GRANITE CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CARDINAL GLENNON HOSP.				e. STREET ADDRESS (If rural, give location) 2041A EDISON AVE.			
3. NAME OF DECEASED (Type or Print)		a. (First) JEFFREY		b. (Middle) JOHN		c. (Last) STERNBERG	
4. DATE OF DEATH		(Month) 5		(Day) 7		(Year) 1959	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 4-19-1959	
9. AGE (In years last birthday)		If UNDER 1 YEAR Months 14		If UNDER 12 HOURS Hours 14		If UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GRANITE CITY, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME RUSSELL STERNBERG		13b. MOTHER'S MAIDEN NAME WALLIE SCHMIDTKE	
14. NAME OF HUSBAND OR WIFE				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 <i>Russell Sternberg</i>				ADDRESS <i>2041A Edison Ave Granite City, Ill</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURE & MALNUTRITION				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Multiple Congenital Defects - Duodenal Atresia					
		DUE TO (c) IMPERFORATE ANUS					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		HONGOLISH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7562				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?			
22. I hereby certify that I attended the deceased from 4-20 , 19 59 to 5/7 , 19 59 , that I last saw the deceased alive on 5/6 , 19 59 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Robert L. Kestner, M.D.</i>				(Degree or title)		23b. ADDRESS <i>Cardinal Glennon Hosp.</i>	
23c. DATE SIGNED 5/7/59				24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-7-1959	
24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL		24d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS		25. FUNERAL DIRECTOR'S SIGNATURE <i>Shinton P. Skellern</i>			
25. ADDRESS Granite City Ill.		DATE REC'D BY LOCAL REG. MAY 7 '59		REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		25. ADDRESS Granite City Ill.	

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.....
Signature of Student Embalmer

Signed *Shinton L. Williams*.....

Licensed Embalmer No. *5016*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.