...RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009416

STATE FILE NUMBER

FILED MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 561

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1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay — Length of stay in 1b: 1 year
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3900 Berview Lane — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Lemay — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3900 Berview Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Arthur Middle: F Last: Sternfels
4. DATE OF DEATH Month, Day, Year: February 18, 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-20-1887
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician (M.D.)
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (City and state or country): Donaldsonville, La.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Adolph Sternfels
13b. MOTHER'S MAIDEN NAME: Elizabeth Ruiz
14. NAME OF HUSBAND OR WIFE: Atha B. Sternfels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Atha B. Sternfels, 3900 Berview Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 1 month
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 1 Jan - 59, to 18 Feb 60 and last saw her/him alive on 18 Feb 60
Death occurred at 7:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E E King (Degree or title) MD
22b. ADDRESS 2114 E Grand
22c. DATE SIGNED 18 Feb-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 22, 1960
23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc. ADDRESS: 2161 E. Fair Av
25. DATE RECD. BY LOCAL REG.: 2-19-60
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed H. Lord G. Burnley

Licensed Embalmer No. 4202

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.