

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38020

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 003d  
 City Jennings Mo No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Martin Gustave Sharum

(a) Residence No. Jennings Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> <u>(write the word)</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Oct. 25, 1928</u>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
		<b>DAYS</b>
		<b>IF LESS than 1 day, hrs. or min.</b>
		<u>16</u>
<b>8. OCCUPATION OF DECEASED</b>		
(a) Trade, profession, or particular kind of work _____		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		

**9. BIRTHPLACE (CITY OR TOWN)** St. Louis  
 (STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** Elmer Sharum

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) Indiana

**12. MAIDEN NAME OF MOTHER** Emma Kucher

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** St. Louis  
 (STATE OR COUNTRY) Mo.

**14. INFORMANT** Elmer Sharum  
 (Address) Jennings Mo

**15. FILED** Nov 1928 O. V. Schmitt  
 124 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov. 10, 1928

**17.** I HEREBY CERTIFY That I attended deceased from 10-25-28, 1928, to 10-10-28, 1928, that I last saw him alive on 10-29-28, 1928, and that death occurred, on the date stated above, at 10 a.m.

**THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:**  
(Pneumonia with)  
159 Inanition  
 (duration) yrs. mos. ds. 16 ds.

**CONTRIBUTORY (SECONDARY)** Pneumonia with  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
1610  
 IF NOT AT PLACE OF BIRTH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** No

**21. WHAT TEST CONFIRMED DIAGNOSIS?** Dr. Harnstein  
 (Signed) Dr. Harnstein M. D.  
11-11-28 (Address) Portland Rd

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL; CREMATION; OR REMOVAL** Fredens Cemetery **DATE OF BURIAL** Nov. 12, 1928

**20. UNDERTAKER** Goodhart & Goodhart Und Co **ADDRESS** 2728 St. Louis av

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

