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

Do not use this space.

16566

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2912a S. 13th St. ..... Ward)

File No. .....

Registered No. 4668

2. FULL NAME Infant Sharp.

(a) Residence. No. 2912a S. 13th St., 24 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 1 hrs. or ..... min.
	0	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(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) Missouri

PARENTS

10. NAME OF FATHER Sephus S. Sharp.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Esther Flock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) E. St. Louis
(STATE OR COUNTRY) Illinois

14. INFORMANT Sephus S. Sharp
(Address) 2912a S. 13th St.

15. FILED APR 23 1929 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1929

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1929, to April 22, 1929 that I last saw him alive on April 22, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis

1 (1) A

(duration) 2 Hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 162

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 22, 29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) William Brown, M. D.

April 22, 1929 (Address) 212 Sidney

*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	DATE OF BURIAL
St. Mathews Cem.	4-23 1929

20. UNDERTAKER	ADDRESS
Witt Bros. L. & U. Co.	2929 S. Jefferson

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.