

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

Do not use this space.

39140

1. PLACE OF DEATH

County.....

Registration District No. *791*

Township.....

Primary Registration District No. *7203*

City *St. Louis* (No. *City 10624*)

File No.

Registered No. *17623*

St. Ward)

2. FULL NAME

(a) Residence. No. *905 Market* St., *25* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *49* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 7 - 1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | *10* | *19*

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. *Laborer.*
(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)

10. NAME OF FATHER *Chas Sharp.*

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

12. MAIDEN NAME OF MOTHER *Ann M. Lilligan*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ireland*
(STATE OR COUNTRY)

14. INFORMANT *Charles*
(Address) *City 10624*

15. FILED *NOV 27 1929* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 26 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 22* 19*29* to *Nov 29* 19*29* that I last saw h. *alive on Nov 26*, 19*29* and that death occurred, on the date stated above, at *4 - 18* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bellegra
10 1/2 (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *Broncho - Pneumonia*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *905 Market*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. *no* DATE OF *✓*

WAS THERE AN AUTOPSY *yes.*

WHAT TEST CONFIRMED DIAGNOSIS *autopsy*
(Signed) *Ben Margulies* M. D.
11/27. 1929 address, *City 10624*

*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 *St Matthews* DATE OF BURIAL *Nov. 29 1929*

20. UNDERTAKER *M. H. Marshall J* ADDRESS *Union*

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.

Sharp.