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.

FEB 27 1934

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

ISOLATION HOSPITAL

Do not use this space.

3206

File No. 865

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Arlene Sharper

(a) Residence, No. Jefferson Barracks R 4 Ward. Jefferson Bks. Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

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) Dec 5, 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
X	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Missouri

FATHER

13. NAME Richard Scharper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Missouri

MOTHER

15. MAIDEN NAME Sofie Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co. Missouri

17. INFORMANT (ADDRESS) Leona Burns 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Johns Cem. DATE 1-25- 1934

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co. 7814 So. Broadway

20. FILED 2-1 1934 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934, Jan 22, 1934

I last saw her alive on Jan 2, 19.... Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Pertussis — Date of onset 1-14

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Eschenburner M. D.

(Address) ISOLATION HOSPITAL