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.

JUN 13 1935

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

Do not use this space.

18556

1. PLACE OF DEATH
County St Louis Registration District No. 1123 File No.
Township Carondelet Jefferson Barracks Primary Registration District No. 6248 B Registered No. 175
City (No. Jefferson Barracks Mo St. Ward)

2. FULL NAME Joseph Sharp
(a) Residence, No. 2518 De Kalb 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

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) Sept 2-1893
7. AGE YEARS 41 MONTHS 8 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Warner Co
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 Mo

FATHER
13. NAME Oliver Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Isabella Helfrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St Louis Ills

17. INFORMANT (ADDRESS) Isabell Kroner 2518 De Kalb St
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery Jefferson Barracks DATE May 15 1935
19. UNDERTAKER (ADDRESS) Wacker - Helderle 2331 S Broadway
20. FILED May 13 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1935
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 p m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Felo De Ce, self destruction by taking into stomach, large quantity of potasium cyonide solution. Histpry of being ill. Left notes stating just what he did.

Other contributory causes of importance:

Was found in one of the old buildings at lower end of Jefferson Barracks Ground,

Name of operation ..... Date of .....
What test confirmed diagnosis? Coroner's view Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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? 5/13/35
If so, specify.
(Signed) Luke B. Timmons, M. D.
(Address) 3718 Jennings Rd.

Coroner St Louis Co., Mo.

St.Louis County, Carondelet Township.