NOV 4 1936

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

Do not use this space.

39632

File No. 10076

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. 1818 California Ave., St. Ward)

2. FULL NAME Frank Sharp

(a) Residence, No. 1818 California Ave., St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emma Sharp (nee Olive)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13th, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	3	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1811

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. Mo

FATHER

13. NAME William H Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. Mo.

MOTHER

15. MAIDEN NAME Rebecca St. Clair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. Mo

17. INFORMANT Emma Sharp
(ADDRESS) 1818 California Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fridens Cemetery DATE Oct 26th 1936

19. UNDERTAKER Henry L. Weidemueller
(ADDRESS) 6203 Gravois Ave.

20. FILED Oct 25 1936 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935 to Oct. 23, 1936

I last saw him alive on Oct. 23, 1936 Death is said to have occurred on the date stated above, at 3 A m.

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

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance: Chronic Bronchitis

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

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? No

If so, specify

(Signed) E. M. Gidney, M. D.

(Address) 3012 Lafayette

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.