

JUN 12 1937

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

Do not use this space.

791

18631

1008

File No. \_\_\_\_\_  
Registered No. 5207  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City St. Louis

(No. City Hospital No. 1)

C 2242

2. FULL NAME

Herbert Sharp

(a) Residence, No. 5914 Theodore

St. 7

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male

white

married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/37, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Josephine Sharp

22. I HEREBY CERTIFY, That I attended deceased from 5/17/37, 19, to 5/23/37, 19.

I last saw him alive on 5/23/37, 19. Death is said

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

May 7, 1879

to have occurred on the date stated above, at 1.20p.

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

57X

58

0

16

Valves of Small Intestine Date of onset

Septicemia terminal 5 ft. of ileum Generalized Petechiae.

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

painter

Other contributory causes of importance:

1937 Restriction of government food.

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) Caselyville, Ill. (STATE OR COUNTRY)

13. NAME Peter C. Sharp.

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mamie Richards

16. BIRTHPLACE (CITY OR TOWN) Wisc. Illinois (STATE OR COUNTRY)

Josephine Sharp

17. INFORMANT (ADDRESS) 5914 Theodore

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 5-27-37

19. UNDERTAKER Math Hermann & sons (ADDRESS) 2161 East Fair

20. FILED MAY 25 1937

J. J. Medeck Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. J. Johnson, M. D. (Address) City Hospital No. 1

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

325  
2-1-2

