DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34738

Registration District No. 791 Primary Registration District No. Registrar's No. 9276

1. PLACE OF DEATH: 1003 NOV 13 1939

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4548 Enright Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4548 Enright (If rural, give location) 12

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Francis Sharp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Abe

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 7 (Day) 1856 (Year)

8. AGE: Years 83 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Carroll Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Farrell
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Jane McDermott
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ethel Chappell

(b) Address 4548 Enright Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) OCT 30 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1939 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1919, 19, to Oct. 23rd, 1939; that I last saw her alive on Oct. 23rd, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death age and Chronic Myocarditis

Due to

Due to

Other conditions arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations No operations

Of autopsy None

Duration: Unknown

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene J. Brais (M. D. or other) D.O.

Address 3713 W Washington Date signed 10/28/39

(Licensed Embalmer's Statement on Reverse Side)

3713

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.