No. 2
4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12797

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3227

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis 1 9
(If outside city or town limits, write "RURAL")

(d) Street No. Fairmont Hotel, Euclid & 4907 Maryland Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Daisy Sharp Niedringhaus

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Alexander

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

7. Birth date of deceased July (Month) 24 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	20	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Fidelo Sharp

13. Birthplace Hopkinsville (City, town, or county) Kentucky 1 (State or foreign country)

14. Maiden name Sally Maude

15. Birthplace Troy (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant J. B. Kennard.

(b) Address 4960 Pershing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15 '4 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) APR 14 1941 (Date received local registrar) (b) J. E. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 14 year 1941 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 1939, to APRIL 14, 1941; that I last saw her alive on APRIL 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF RECTUM	2 yrs
AURICULAR FIBRILLATION	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy CARCINOMA OF RECTUM METASTESES to LIVER	

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 John W. Seddon (M. D. or other)

Address 3720 Washington St. Louis Mo. Date signed 4-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert J. Saugster, Registered Apprentice No. 259 working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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

If this body is not embalmed, fact should be so stated above.