

FILED FEB 24 1942
 Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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: St. John's Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas C. Sharpe.

(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Lenz B. Sharpe. 6. (c) Age of husband or wife if alive 55. years

7. Birth date of deceased Nov. 25 1861
 (Month) (Day) (Year)

8. AGE: Years 80 Months 80 Days 1 26 If less than one day
 hr. min.

9. Birthplace Wrensville, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Dry goods.

MOTHER FATHER { 12. Name Calvin Sharpe.
 18. Birthplace Ind. (City, town, or county) (State or foreign country)

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

16. (a) Informant Wife.
 (b) Address Murphysboro Ill.

17. (a) REMOVED (b) Date thereof 1-20-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Wm. J. Meyer Funeral Home
 (b) Address Murphysboro, Ill.

19. (a) 20 1942 (b) J. F. Bradell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson
 (c) City or town Murphysboro
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1320 HANSON
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 20
 year 1942 hour 6 AM minute 43 M.

21. I hereby certify that I attended the deceased from Jan 6
1942, to Jan 20, 1942,
 that I last saw him alive on Jan 19, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Prostate. Duration 2 yrs.

Due to 51

Due to 51

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

Major findings: Carcinoma of Prostate
 Of operations: By Biopsy
 Of autopsy

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?

While at work? (Specify type of place) (a) Means of injury —

23. Signature Trayon Cornell (M. D. or other)
 Address 609 Humboldt Bldg. Date signed 1-20-42

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 John Fellers
Licensed Embalmer No. 3880
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.