

H574

V. S. No. 2
FORM 9-4-41
Rev. 5-17-39
I X29484

13060

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3855

FILED MAY 7 1942 791
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

(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. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 15 Days
3 years (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No..... Hamilton Hotel - 756 Hamilton
(If rural, give location) 0

(e) Citizen of foreign country?..... no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME James F. Sharp

3. (b) If veteran, name war..... no

3. (c) Social Security No..... no

4. Sex..... male

5. Color or race..... white

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... Sept. 17, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	7	11	hr. min.

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

10. Usual occupation..... salesman

11. Industry or business.....

12. Name..... William Sharp 9

13. Birthplace..... unknown
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Miller

15. Birthplace..... Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Ethel Pate

(b) Address..... Hamilton Hotel

17. (a) removal (b) Date thereof..... 4/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Alexander Love

(b) Address..... 6175 Delmar Blvd.

19. (a) APR 30 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28, year 1942 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from April 14, 1942, to April 28, 1942, that I last saw him alive on April 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchogenic Carcinoma of Left Lung

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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)

(c) Means of injury.....

23. Signature..... Chas. K. Bruhl M.D. 0
Address..... 1315 Lafayette Avenue, 4/29/42
Date signed.....

1840 (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.....

Raymond S. Morris....., Registered Apprentice No. *290*
working under my personal supervision.

Signed.....
J. S. McCulloch

Licensed Embalmer No. *9469*

P. O. Address *617 38th Street
H. J. DeWitt*

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, fact should be so stated above.