

ED JAN 26 1943

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **560**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
1115 S. Newstead /
(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**
(d) Street No. **1115 S. Newstead Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harriet A. Sharp**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

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

7. Birth date of deceased **Sept 8 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **4** Days **10** If less than one day hr. min.

9. Birthplace **Salem Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Berry**

13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy York**

15. Birthplace **Unknwon 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Juanita Hubbs**

(b) Address **1123 S. Newstead**

17. (a) **Burial** (b) Date thereof **1-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Salem, Mo.**

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

(b) Address **4700 Washington Blvd.**

19. (a) **JAN 19 1943** (b) **J. J. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18** year **1943** hour **6:30** minute **A** M.

21. I hereby certify that I attended the deceased from **1-15-43** to **1-18-43**

that I last saw her alive on **1-18-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial infarction** Duration _____

Due to **920 10**

Due to _____

Other conditions **Serility**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 injury) _____

23. Signature **Mr Webb** (M. D. or other) **MD**
Address **4501 Manchester** Date signed **1-18-43**

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

MOTHER FATHER

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.....

Albert G. Hoffer

Licensed Embalmer No.....

2971

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, fact should be so stated above.