

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8221

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:  
2132 East Alice Av.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1  
(Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME August F. Shorp

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charlotte Scharp 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. Apr. 1 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 13 .....hr. ....min.

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

10. Usual occupation. Statory Engineer

11. Industry or business. Retired

12. Name. William Schorp

13. Birthplace. Germany  
(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. August C. Schorp

(b) Address. 1925 E. Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 9-17-43  
(Month) (Day) (Year)

(c) Place: burial or cremation. Friedens Cem.

18. (a) Signature of funeral director. Drehmann-Harral

(b) Address. 1905 Union Blvd.

19. (a) SEP 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2132 E. Alice Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1943 hour 7.30 minute 50 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis, acute dilatation of heart muscle, chronic interstitial nephritis. Carbon Monoxide poisoning when deceased was found lying over the bath tub in the bathroom of his home, with evidence of having slipped and fallen striking against a gas heater and dis-  
(Include pregnancy within 3 months of death)

Other conditions.....  
Major findings: connecting hose from same  
Of operations: Sept 14 1943 exact time unknown  
Of autopsy: no

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). Accidental  
(b) Date of occurrence. Sept 14 1943  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury. see

23. Signature. Dr. Alfred J. Berry (M. D. or other)  
Address. Deputy Coroner Date signed 9-15-43

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

582

FILED SEP 28 1943

Carver

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**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 Warren A. Carver  
Licensed Embalmer No. 3534

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.**