

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **23421**

FILED JUL 21 1944 18

Registration District No.

Primary Registration District No.

**1003**

Registrar's No.

**6176**

1. PLACE OF DEATH:

(a) County **St Louis, Mo**  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
**BARNES HOSPITAL**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days** (Specify whether  
**9 yr.** (Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis 96**  
 (c) City or town **St Louis Pine Lawn** (If outside city or town limits, write "RURAL")  
 (d) Street No. **2105 Oak** (If rural, give location) **N.R.**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME

**Doreen Forest Sharp**

3. (b) If veteran, name war.

3. (c) Social Security No. **353-09-8121**

4. Sex **M.** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Flossie Beech**

6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **Jan 20 1906**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**38 5 20** hr. min.

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

10. Usual occupation **Mechanic**

11. Industry or business **Sorman's Auto Service**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Flossie Sharp**

(b) Address **2105 Oak Ave.**

17. (a) **BURIAL** (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Herrieh, Ill**

18. (a) Signature of funeral director **Benedictine James Home No.**

(b) Address **JUL 16 1944 St Louis Mo**

19. (a) (Date received local registrar) (b) **J. F. Busch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**  
 year **1944** hour **11:35** minute **P** M.  
 21. I hereby certify that I attended the deceased from **July 8**, 19**44** to **July 10**, 19**44**  
 that I last saw him alive on **July 10**, 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Spontaneous Pneumothorax** Duration **3 days**  
 Due to **Tuberculosis, bilateral - ? years for advanced**  
 Due to

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

Major findings: Of operations **13** PHYSICIAN  
 Of autopsy **Tuberculosis, bilateral**  
 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 **FR Bradley** (M. D. or other)  
 Address **BARNES HOSPITAL** signed **7-16-44**

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.....

Licensed Embalmer No. *3737*

P. O. Address..... *1936 St. Louis*

**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.**