S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26223

FILED SEP 18 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7732

1. PLACE OF DEATH:

(a) County St. Louis

(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 Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 997

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

(d) Street No. 11 Kingston Drive NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Sharon Lynn Underwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 1 (Day) 45 (Year)

8. AGE: Years — Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Daniel W. Underwood
13. Birthplace East St. Louis (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Helen C. Padan
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant M. Bernard
(b) Address 500 S. Kingshighway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 45 hour 4 minute 15 AM.

21. I hereby certify that I attended the deceased from 8-11, 1945, to 9-3, 1945
that I last saw her alive on 9-3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death diarrhea

Due to 119

Due to

Other conditions prematurity
(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. J. Plattner (M. D. or other)

Address W. S. Kingshighway Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elmo R Cadwell

Licensed Embalmer No. 4077

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.