S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22646

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6283

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1112 So. Compton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 1112 So. Compton Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Annie Sharp

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female

5. Color or race Negro

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 March 26, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name Anderson Abbott
13. Birthplace Humboldt, Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Humboldt, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Sharp
(b) Address 904 Aubert Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 2, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.

19. (a) JUL 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 18, 1947, to June 28, 1947, that I last saw her alive on June 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Monroe H. Little (M. D. or other) M. D.

Address 3167 Sheridan Date signed 6-28-47

Jefferson City Printing Co. (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Av

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.