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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18314

State File No. 7

FILED JUN 15 1948

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 1345

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4 Manchester Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Ballwin Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pine Crest Nursing Home Hi. 50. Manchester Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

96
0
0
0

3. (a) PRINT FULL NAME Flora A. Sharpe

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 13 (Day) 1856 (Year)

8. AGE: Years 91 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Rodney (City, town, or county) Mississippi (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Whitaker Sharpe
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Margaret Heavenhill
15. Birthplace Bardstown (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Mrs. A. Burgess Supt.
(b) Address Pine Crest Home Ballwin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) 5-24-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1946, to May 22, 1948; that I last saw her alive on May 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to generalized arteriosclerosis

Due to

97

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)
While at work? (e) Means of injury

23. Signature A. T. Merfein MD (M. D. or other)
Address 3501 Potomac Date signed 5-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr.Al.Merklin
3507 Potomac St.
3 to 5 p.m.

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.