No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28266

Registrar's No. 7277

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 Faith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12½ hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3516 Central Pl 0
(If rural, give location)
N.R. 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby William Earl Tharp
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
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 August (Month) 18 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. 30 min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name William D. Tharp 0
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Maier
15. Birthplace Waukesha Wisconsin 1
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Tharp
(b) Address 3516 Central Pl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd
19. (a) AUG 19 1948 (Date received local registrar) (b) J. A. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-18-48, 19.. to 8-18, 1948 that I last saw him alive on 8-18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia Neonatorum	10 hrs.
Due to: 7 months prematurity	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations
Of autopsy

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 0
23. Signature Jos. P. Berman (M. D. or other)
Address 1225 No. Grand Date signed 8-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Faith Hosp.
No. 6262

Page & Grand

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 Ralph C. Linders

Licensed Embalmer No. X275

P. O. Address St. Louis, Mo

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

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