

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35325  
State File No. 8606  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2219	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 10227. 21st City	

3. NAME OF DECEASED (Type or Print) Tom Sharp			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1950				
5. SEX M 2	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced 3	8. DATE OF BIRTH 1-1-1897	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss!		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Tom Sharp	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR (WIFE) Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 405-03-3411	17. INFORMANT'S SIGNATURE OR NAME L. P. Johnson	ADDRESS 1136 N. Lenard Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia dur to		RENAL FAILURE		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Renal Failure		
DUE TO (c) Hypertensive and Arteriosclerotic Cardiovascular Disease				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Lobar Pneumonia, right and Pleural Effusion, right		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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2. I hereby certify that I attended the deceased from 9-13 1950, to 10-5 1950, that I last saw the deceased alive on 10-5 1950, and that death occurred at 10:55a m., from the causes and on the date stated above.

23a. SIGNATURE Alvin Thompson, D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 10-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-12-50	24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. OCT 12 1950	REGISTRAR'S SIGNATURE J. B. Lancaster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gushove 2950 Dickson St.
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WRITE PLAINLY - USING UNLEADING BLACK INK - MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur P. Hilliard*

Signed.....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St. Ferdinand*

**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.