No. 300
10.48

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REG. # 90148

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11153

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 594

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 102 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239
d. STREET ADDRESS (If rural, give location) 1319 LYNCH STREET 1

3. NAME OF DECEASED (Type or Print) a. (First) SEPHUS b. (Middle) S. c. (Last) SHARP
4. DATE OF DEATH (Month) (Day) (Year) MARCH 4, 1951
5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH JAN. 9, 1891
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOREKEEPER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WILLIAMSVILLE, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE SHARP
13b. MOTHER'S MAIDEN NAME ESTHER TINSLEY
14. NAME OF HUSBAND OR WIFE ESTHER SHARP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EMPHYSEMA
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC BRONCHITIS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE INTER-TROCHANTERIC, LEFT FEMUR

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5020F
20. AUTOPSY? YES [X] NO [ ]
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-1950, to 3-4-1951, ~~[illegible]~~ ~~[illegible]~~, and that death occurred at 1:50p m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.
23c. DATE SIGNED 3-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 3-7-51
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
DATE REC'D BY LOCAL REG. 3-6-51
REGISTRAR'S SIGNATURE Herbert R Drinke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 Lafayette Avenue
RWR (Licensed Embalmer's Statement on Reverse Side)

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

Sharp

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.