

FILED OCT 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34448

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>717</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2323</u>						
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C. Hospital (St. Louis Co.)</u>				e. STREET ADDRESS (If rural, give location) <u>716 Guxedo Ave</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle)		c. (Last) <u>SHARP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27 1953</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>April 15, 1876</u>		9. AGE (In years last birthday) <u>86</u> if UNDER 1 YEAR Months Days if UNDER 4 WKS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pullman Conductor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ret 12 yrs.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Maud Sharp</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Loebler</u> ADDRESS <u>2008 Falken Dr.</u>								
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, asthma, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>7 days.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-22</u> , 19 <u>53</u> to <u>8-27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>53</u> , and that death occurred at <u>9:05 P.M.</u> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>Charles E Brodino M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Blvd.</u>				23c. DATE SIGNED				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>						
DATE REC'D BY LOCAL REG. <u>8/29/53</u>		REGISTRAR'S SIGNATURE <u>Heather B. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u>		ADDRESS <u>1167 Hamilton</u>						

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

6561 9 1 1959

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.....
Signature of Student Embalmer

Signed.....
Fred J. Farmer

Licensed Embalmer No. *4788*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.