

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1544</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>ST. LOUIS</u>		a. STATE <u>MISSOURI</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>D.O.A.</u>		c. CITY OR TOWN <u>LADUE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>9243 CLAYTON ROAD</u> <u>442/1</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>CECIL</u>	b. (Middle) <u>AUGUSTUS</u>	c. (Last) <u>ZACKERY SHARP</u>	Month <u>6</u>	Day <u>29</u>	Year <u>54</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 30, 1908</u>		9. AGE (In years last birthday) <u>45</u>	If UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	If UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEDICAL DOCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PHYSICIAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLINTON COUNTY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HAROLD SHARP</u>		13b. MOTHER'S MAIDEN NAME <u>ZENOVIA SCHMAL</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINE TOALSON SHARP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>577-42-9553</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DR. STANLEY HARRISON</u> ADDRESS <u>8023 CRESENT DR.</u>					
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) <u>due to lacerations of the</u>	II. OTHER SIGNIFICANT CONDITIONS						
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>brain and its blood supply</u>						
	DUE TO (c) <u>with subsequent intracranial hemorrhage</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ladue St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-29-54 9:14 p. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gunshot wound of the head.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest J. Willmann, Coroner</u>				23b. ADDRESS <u>Clayton, Missouri</u>		23c. DATE SIGNED <u>7-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>July 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARLYLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARLYLE, ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>7-1-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ROBERT J. AMBRUSTER 6633 CLAYTON ROAD</u>			

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USING INK

etc. It means the disease, injury, or complication which caused death.

the underlying cause last.

whose identity has not been established, sur-

DUE TO (c)ffered when the deceased opened a door to his porch to investigate a disturbance in or near his back yard. The assailant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION stood on the porch and fired from a distance of about 6 ft. 9810'

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ladue St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/29/54 9:14 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Shot when he opened the door of his home.

22. I hereby certify that I attended the deceased from 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Willman Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 7/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 2, 1954

24c. NAME OF CEMETERY OR CREMATORY Carlyle Cemetery

24d. LOCATION (City, town, or county) (State) Carlyle, Illinois

DATE REC'D BY LOCAL REG. 7/1/54

REGISTRAR'S SIGNATURE Hecker

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster 6633 Clayton Road

(Licensed Embalmer, Statement on Reverse Side)

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.....
Student Embalmer

Signed

Ernest W. Spillars

Licensed Embalmer No. *4080*

P. O. Address.....

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

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