

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35964**
Registrar's No. **9221**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3107 Spruce St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer G. Phillips				2189			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Lee		c. (Last) Sharp		4. DATE OF DEATH (Month) (Day) (Year) 10-6-1954	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-30-1918	
9. AGE (In years last birthday) 36		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Sharp		13b. MOTHER'S MAIDEN NAME Minnie Houston		14. NAME OF HUSBAND OR WIFE Irene Sharp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Irene Sharp 3107 Spruce St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shotgun charge wound of the right and liver suffered when shot with shot gun in hands of one, Lee Phillips (Col.) in front of about 9:27 No Newstead Ave, about 6:30 am Oct 6 1954 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6:30 am Oct 6 1954 Hauside				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Unsucessful Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21f. HOW DID INJURY OCCUR E981X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 6 54 6A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7:00A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick F. Taylor		23b. ADDRESS Carones 1300 Clark		23c. DATE SIGNED 10.11.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10 12 54		24c. NAME OF CEMETERY OR CREMATORY St Mary's		24d. LOCATION (City, town, or county) (State) Clarksdale Mississippi	
DATE REC'D BY LOCAL REG. OCT 11 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home 2820 Stoddard St.			

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fuller E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 Mo

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.