

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11414

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1003

State File No.

2635

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Saint Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3832 Finney</u>				21170	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dutchie</u>			b. (Middle) _____			c. (Last) <u>Sharp</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 56</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>Negro</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>March 28, 1891</u>			9. AGE (In years last birthday) <u>64</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Union City, Tennessee</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Phelph</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie McCutcheon</u>			
14. NAME OF HUSBAND OR WIFE <u>Glover 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>Willa Fransioli</u>			18. ADDRESS <u>5241 Page Blvd.</u>			19. MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiac Insufficiency</u>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>			
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Anasarca</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			21. 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) (m.) _____			
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>2-24</u> , 19 <u>56</u> , to <u>3-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>56</u> , and that death occurred at <u>4:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edwin B. Williams, M.D.</u>			23b. ADDRESS <u>2601 N. Whittier</u>			23c. DATE SIGNED <u>3-12-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>3-16-56</u>			24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>			
24d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>			24e. DATE REC'D BY LOCAL REG. <u>MAR 14 1956</u>			REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Metropolitan Funeral System, Inc.</u>			ADDRESS <u>5010 Sunlight Ave.</u>			26. (Licensed Embalmer's Statement on Reverse Side)			

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.....
Signature of Student Embalmer

Signed *Arthur L. Helliard*.....

Licensed Embalmer No. *42*

P. O. Address *45241*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.