

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 9 1957

State File No. **30287**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1962**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Louisiana b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clayton		c. CITY OR TOWN New Orleans	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) DOA		e. STREET ADDRESS (If rural, give location) 1129 Burgundy Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		8170-8	

3. NAME OF DECEASED (First) MARGARET (Type or Print)		b. (Middle) _____		c. (Last) SHARP		4. DATE OF DEATH (Month) (Day) (Year) August 6 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 27, 1907		9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home Making		11. BIRTHPLACE (City and State or Foreign Country) Wewoka, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Christian B. Boylan		13b. MOTHER'S MAIDEN NAME Louisa Gelham		14. NAME OF HUSBAND OR WIFE Howard F. 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. None		17. INFORMANT'S SIGNATURE OR NAME Howard Sharp, New Orleans, La.	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple severe injuries compatible with being struck by train		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) H.R. Tracks	21c. (CITY, TOWN, OR TOWNSHIP) Kirkwood (COUNTY) St. Louis (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/6/57 4:18 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by Mo. Pac. Train near Leffingwell Crossing
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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) Herbert B. Donahy, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 8/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE 8-10-57	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 8-7-57	REGISTRAR'S SIGNATURE Herbert B. Donahy	25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.	ADDRESS Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 6 1963

NOV 15 1963

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 James M. O'Connell, Embalmer Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 477.....
P. O. Address [Signature].....

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.