

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42603

FILED DEC 13 1957

State File No. _____
Registrar's No. 11570

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>5 mo.</i>	c. CITY OR TOWN <i>St. Louis</i>		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 (If not in hospital or institution, give street address or location) <i>26 St. Louis Chronic Hosp.</i>			e. STREET ADDRESS (If rural, give location) <i>151 3444 Delor</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Margaret</i> b. (Middle) <i>Sharp</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>12 2 1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>JULY 12, 1882</i>	9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months Days <i>75</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Wiley Cotten</i>		13b. MOTHER'S MAIDEN NAME <i>unk.</i>		14. NAME OF HUSBAND OR WIFE <i>unk.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>CHARLOTTE KLEM 4968 EICHELBERGER</i>		
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* (a) <i>Cerebral Arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>3347</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
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)		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 <i>6-18-57</i> , 19____, to <i>12-2-57</i> , 19____, that I last saw the deceased alive on <i>12-2-57</i> , 19____, and that death occurred at <i>7:40a</i> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>George M. Franke, M.D.</i>			23b. ADDRESS <i>5800 Arsenal St.</i>		23c. DATE SIGNED <i>12/2/57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	24b. DATE <i>12-3-1957</i>	24c. NAME OF CEMETERY OR CREMATORY <i>oak grove cem.</i>	24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO., MO.</i>		
DATE REC'D BY LOCAL REG. <i>DEC 2 57</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J L ZIEGENHEIN + SONS 7027 GRAVOIS</i>		

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..... *Donald E. Bing*

Licensed Embalmer No. *4803*

P. O. Address *7057 Grand*

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.