

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009413

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 616

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LEMAY</u>		Length of stay in 1b <u>YRS.</u>		c. CITY OR TOWN <u>LEMAY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>242 PARDELLA</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>242 PARDELLA</u>			
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>SHARP</u> Last <u>SHARP</u>				4. DATE OF DEATH Month <u>FEB</u> Day <u>21</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC 23 1905</u>			
9. AGE (last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>		IF UNDER 24 HR Hours <u>15</u> Min. <u>00</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OILER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BUSCH BREWERY</u>			11. BIRTHPLACE (City and state or country) <u>MISSOURI U-S-A</u>			
12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>			13a. FATHER'S NAME <u>FRANCIS SHARP</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA OLIVE</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE 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>unk.</u>		17. INFORMANT <u>GRACE SHARP</u>			Address <u>242 PARDELLA MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crownary infarct</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <u>Jan 11, 1960</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		20f. CITY, TOWN, OR LOCATION <u>LEMAY</u>	
20g. COUNTY <u>MO</u>		20h. STATE <u>MO</u>		21. I attended the deceased from <u>242 PardeLLa</u> to <u>to date</u> and last saw her/him alive on <u>Jan 11, 1960</u> Death occurred at <u>242 PardeLLa</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>S.H. Wayne, Jr.</u> (Degree or title)				22b. ADDRESS <u>So. Dick Hall Dr. Osby</u>				22c. DATE SIGNED <u>2-22-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 25 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. MO</u>			
24. FUNERAL DIRECTOR <u>Thomas Kutis</u>		ADDRESS <u>2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>2-23-60</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 5906 Fla.

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.