MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013672

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 991

STATE FILE NUMBER

FILED APR 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 4005
3 2
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9 5271
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12 48-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS MISSOURI
Length of stay in 1b 52 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN RICHMOND HEIGHTS
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7358 LAVETA
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VERNER Middle F. Last SHARP

4. DATE OF DEATH Month MARCH Day 25 Year 1962

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 1-23-98
9. AGE (last birthday) 64
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and state or country) FULTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOSEPH SHARP
13b. MOTHER'S MAIDEN NAME SARAH (UNKNOWN)
14. NAME OF HUSBAND OR WIFE DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.
17. INFORMANT JAMES L. SHARP (BRO) Address 7358 LAVETA RICHMOND HEIGHTS, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC FAILURE
INTERVAL BETWEEN ONSET AND DEATH 2 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PULMONARY EMPHYSEMA & FIBROSIS
Years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. V.A. attended the deceased from 2-1-62, to 3-25-62 xxxxxxxxxxxxxx
Death occurred at 6:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George B. Neukom (Degree or title) GEORGE B. NEUKOM, M.D.
22b. ADDRESS VET ADM HOSP, JEFF BRKS, 25, MO.
22c. DATE SIGNED 3-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 3/28/62
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo

24. FUNERAL DIRECTOR Edward Fendler ADDRESS 5611 South Grand Blvd.
25. DATE RECD. BY LOCAL REG. 3-27-62
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J Burke

Licensed Embalmer No. 3989

P. O. Address St Paul Minn

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.