

FILED DEC 7 1942

1003

Registrar's No. **9997**

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 93

(c) City or town Corinth
(If outside city or town limits, write "RURAL")

(d) Street No. 1517 Taylor
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Elmer Clinton SHARP

3. (b) If veteran, name war no.

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30 year 1942 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from 11-4 1942 to 11-30 1942
that I last saw him alive on 11-30 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Sharp 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Sept. 5
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction

Due to coronary artery disease

Due to _____

Other conditions Myocardial Infarction
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 2 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Penn.
(City, town, or county) (State or foreign country)

Major findings: Myocardial Infarction

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Attorney

11. Industry or business Claim Agent G. M. O. RR.

12. Name Sam Sharp

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Fulgham

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Sharp

(b) Address 1517 Taylor, Corinth Miss.

17. (a) Burial (b) Date thereof Nov 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth, Miss.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd - St. Louis

19. (a) NOV 30 1942 (b) J. F. Bredek
(Date recorded local registrar) (Registrar's signature)

23. Signature Henry S. Green (M. D. or other) _____

Address 1100 Park Hospital Date signed 11/30/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of

.....
working under my personal supervision.

Date of Embalming _____
Jos. E. McCulloch
Signed _____
Licensed Embalmer _____
Missouri License No. 2464
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND (the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.