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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

JAN 21 1943  
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **401**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL.")

(d) Street No. **2604 South Compton Avenue.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Myrtle I. Sharp**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **F** male / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Charles Sharp** 6. (c) Age of husband or wife if alive. **57** years

7. Birth date of deceased..... **May 6 1886**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**56 8 8** hr. min.

9. Birthplace **Pulaski Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Edward Lackey**

{ 13. Birthplace **Pulaski Illinois**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Annie Boorne**

{ 15. Birthplace **Olmstead Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Sharp**

(b) Address **2604 So. Compton Ave**

17. (a) **Removal** (b) Date thereof **Jan 14 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Pulaski Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe Und**

(b) Address **4700 Washington Ave**

19. (a) **JAN 14 1943** (b) **J. F. Bredenk**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **14** year **1943** hour **9:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **January 12, 1943** to **January 14, 1943**; that I last saw h. **or** alive on **January 14, 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral hemorrhage Intraventricular** Duration

Due to..... **Hypertensive heart disease**

Due to..... **Diabetes mellitus**

Other conditions..... **61**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy **Hemorrhage into posterior aspect right cerebral intraventricular**

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)

23. Signature **Louis S. Neudorff M.D.** (Physician, D. or other)

Address **1515 Lafayette Avenue** Date signed **1/14/43**

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

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**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed

*Albert G. Hoff*

..... Licensed Embalmer No..... *2971*

..... P. O. Address.....

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