. No. 2
1—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1944

Registration District No. 818

Primary Registration District No. 1009

State File No. 40546

Registrar's No. 11981

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 months 7 days (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3624 Cote Brilliante 11
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sadie Sharp

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr. 10, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Blake
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Annie Black
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St. 1944

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 3d (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14th St

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 30 day 1943
year hour 12:50 p.m. minute M.

21. I hereby certify that I attended the deceased from Dec 20, 1943, to Dec 30, 1943
that I last saw him alive on 12/30, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis	several years
Arteriosclerosis	several years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work (e) Means of injury

23. Signature Dr. Wm. Kenny / D (M. D. or other) MD
Address 5800 Arsenal St. Date signed 12/31/43

(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.....

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

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.