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DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19198

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5615

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2124 Yale Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles A. Sharpe
3. (b) If veteran, name war
3. (c) Social Security No. 43-06-00818
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della M. Sharpe
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April (Month) 22nd (Day) 1875 (Year)
8. AGE: Years 70 Months 2 Days 5 If less than one day 21 hr. 20 min.
9. Birthplace Jefferson (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Painter
11. Industry or business
12. FATHER Name Andrew Sharpe
13. FATHER Birthplace Jefferson (City, town, or county) Ohio (State or foreign country)
14. MOTHER Maiden name Ellen August
15. MOTHER Birthplace Jefferson (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. C. A. Sharpe
(b) Address 2124 Yale Ave
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 29 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Watson-Bocklage
(b) Address 6536 Clayton Road.
19. (a) JUN 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Hemorrhage
Duration: [illegible]
Due to: [illegible] when he fell from the ladder while painting a screen [illegible] a second floor window at 2626 Bland Ave. Crowns [illegible]
Due to: June 26 1945
Other conditions (Include pregnancy within 3 months of death): [illegible]
Major findings: Of operations: [illegible]
Of autopsy: [illegible]

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

22. If death was due to external causes, fill in the following: Accident
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence June 26 1945
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at work (Specify type of place)
While at work? (e) Means of injury as above
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 6/28/45

(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. R. W. Wilkinson

Licensed Embalmer No. 3575

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.