

FILED JAN 7 1947
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11043

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:
4359 Taft Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years
(Specify whether _____)
In this community Lifetime
(years, months or days)

3. (a) PRINT FULL NAME Ida Lee Sharp

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 8, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 15 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

MOTHER FATHER { 11. Industry or business _____

12. Name James Sharp

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

14. Maiden name Eucora Mann
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Macnaughtan

(b) Address 7538 Teasdale Ave.

17. (a) Burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) DEC 24 1946 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7538 Teasdale Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
year 1946 hour 4⁰⁰ minute 45

21. I hereby certify that I attended the deceased from 10th Dec 1946 to 23rd Dec 1946
that I last saw her alive on 23rd Dec 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea Myocarditis
Duration 6 wks.
Due to St. Louis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____

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? _____

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature J. F. Brueck (M. D. or other) _____
Address 4724 Franklin Date signed 12/24/46

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

4724. *Services*

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 *Robert T. Sampson*

Licensed Embalmer No. *4290*

P. O. Address. *St Louis, Mo*

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.