

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10549**
Registrar's No. **2605**

FILED MAR 29 1952

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

REG. DIST. NO. _____

PRIMARY REG. DIST. NO. _____

Registrar's No. _____

2605

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (in this place) Unknown		d. STREET ADDRESS (If rural, give location) 4964 Thrush Avenue, 20,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4964 Thrush Avenue, 20,		e. STREET ADDRESS (If rural, give location) 4964 Thrush Avenue, 20,	

3. NAME OF DECEASED (Type or Print) Lillie		a. (First) _____		b. (Middle) _____		c. (Last) Scharpou		4. DATE OF DEATH (Month) (Day) (Year) March 17th, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 20th, 1884		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Louis Shepack		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Louis W. Scharpou	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis W. Scharpou, 4964 Thrush Avenue, 20	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive myocarditis? DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Discharge 1 mo ago				INTERVAL BETWEEN ONSET AND DEATH 1 mo	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH2X	

22. I hereby certify that I attended the deceased from **Mar 10, 1952** to **Mar 17, 1952** that I last saw the deceased alive on **Mar 17, 1952** and that death occurred at **1:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title) _____		23b. ADDRESS 5204 W. Harrison		23c. DATE SIGNED Mar 19, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/20/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. MAR 19 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11:00 A. M. to 1:00 P. M.
(Daily except Thursday.) Ev. 4555

St. Louis, Mo.

Exemption

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph C. Lindus

Licensed Embalmer No. 4525

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.