

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35962**
Registrar's No. **9170**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 35962		Registrar's No. 9170	
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 town or town St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4832 Fountain					
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) _____		c. (Last) Sharp		4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 54			
5. SEX Female	6. COLOR OR RACE Co.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 25, 1890		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Clarkville, Mo.			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME George Null			13b. MOTHER'S MAIDEN NAME Rebecca Gray		14. NAME OF HUSBAND OR WIFE Virgil Sharp				
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 Virgil Sharp ADDRESS 4832 Fountain					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident							Undt.	
	ANTECEDENT CAUSES								
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
	DUE TO (b) _____								
	DUE TO (c) _____								
	II. OTHER SIGNIFICANT CONDITIONS Hypertensive Cardiovascular Disease Diabetes Mellitus								
	Conditions contributing to the death but not related to the disease or condition causing death.								
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331x					
22. I hereby certify that I attended the deceased from 10-2 , 1954 , to 10-7 , 1954 , that I last saw the deceased alive on 10-7 , 1954 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edw. B. Williams M.D.				23b. ADDRESS 2601 N. Whittier				23c. DATE SIGNED 10-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 9 1954		REGISTRAR'S SIGNATURE J. Earl Smith Md			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *W R Lande Horne*

Licensed Embalmer No. *348*

P. O. Address *4575 A*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.