

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41957

1. PLACE OF DEATH

County St. Charles Registration District No. 760 File No. _____
 Township Cardene Primary Registration District No. 6001 Registered No. 182
 City Weldon Springs, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Ida Sparckberg
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Weldon Springs, Mo. (STATE OR COUNTRY) St. Charles, Mo.

FATHER
 13. NAME Mrs. Ida Sparckberg

14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Miss Ida DuChesne

16. BIRTHPLACE (CITY OR TOWN) Weldon Springs, Mo. (STATE OR COUNTRY) St. Charles, Mo.

17. INFORMANT Geo. Truesch (ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL no
 PLACE Weldon Springs DATE Dec 23, 1931

19. UNDERTAKER Marie Mueckling (ADDRESS) Hamburg, Mo.

20. FILED 12-22-1931 J. M. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931 to Dec 20, 1931

I last saw him alive on Dec 20, 1931. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. H. Herdier, M. D.

(Address) St. Charles, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

79-12-1931

12-2-1931

