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 OCCUPATION is very important.

MAR 2 5 1935

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

Do not use this space.

6877

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 1735 S. 18th Street St. ..... Ward)

File No. ..... Registered No. 1275

2. FULL NAME Loretta Sparks

(a) Residence, No. 1735 S. 18th Street St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10th, 1934

7. AGE — YEARS: — MONTHS: 7 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Mitchell Sparks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Loretta Hanson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mitchell Sparks 1835 S. 18th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew DATE Feb. 6 1935

19. UNDERTAKER (ADDRESS) Weick Bros 2201 S. Grand Blvd.

20. FILED FEB - 6 1935 19 J. F. Brideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935, to Feb 4, 1935
I last saw her alive on 2/3, 1935. Death is said to have occurred on the date stated above, at 8:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	unknown
Other contributory causes of importance: Whooping Cough	unknown

Name of operation Non Exam Date of
What test confirmed diagnosis? Physical 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? no
If so, specify
(Signed) G. E. Benes, M. D.
(Address) 2202 So. Broadway

Mr. Usens