JAN 10 1938

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

43358
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 781
(b) Township ..... Primary Registration District No. 1003 Registered No. 11608
(c) City St. Louis, Mo. (d) Street No. Mo. Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Huffman
(a) Residence, No. Maryland Hotel St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1905
7. AGE: Years 32 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Secretary
9. Industry or business in which work was done, as saw mill, bank, etc.: Home Owners Loan Co.
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. Clair Mo.

FATHER
13. NAME: Clarence H. Sparrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Phebe Duckworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Clair Mo.

17. INFORMANT (ADDRESS): Phebe Sparrow Maryland Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair, Mo DATE 12/18/37, 19

19. FUNERAL DIRECTOR (ADDRESS): Edith E. Ambruster 4234 Manchester

20. FILED DEC 18 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/37, 19

22. I HEREBY CERTIFY That I attended deceased from Dec 2 1937, to Dec. 16, 1937
I last saw her alive on Dec. 16, 1937. Death is said to have occurred on the date stated above, at 8.10 A. M.
The principal cause of death and related causes of importance were as follows:

Peritonitis following ligament shortening for uterine retroversion to bilateral cystic ovaries, non-malignant.

Date of onset

Other contributory causes of importance:

Bronchial pneumonia

Name of operation Laparotomy Date of 12-8-37
What test confirmed diagnosis? clinical Was there an autopsy? no

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) W. M. Winn, M. D.
(Address) 462 W. Taylor ave

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Florenz Eynck

Licensed Embalmer No. 1284

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.)