

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1922

Do not use this space.

4870

1. PLACE OF DEATH

(a) County..... 0 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1000?
 (c) City..... St. Louis, Mo. (d) Street No..... Desloge 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

(a) Residence, No. St. NR Potosi, Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as 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) aldmire MO

13. NAME Albert Pashia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) aldmire MO

15. MAIDEN NAME Mavis Palette

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) aldmire MO

17. INFORMANT (ADDRESS) Richard Sparks Potosi

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE July 1 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Potosi
J. F. Bradeck

20. FILED JUN 3 1940
J. F. Bradeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/13 1940 to 5/29 1940
 I last saw her alive on 5/29 1940 Death is said to have occurred on the date stated above, at 10:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Generalized Peritonitis due to Gangrene of Pancreas (Caused by gangrene unknown at this time) Non puerperal
 Other contributory causes of importance:
Hypertension + Uremia
autopsy: perforation of gangrenous splenic flexure of large intestine
 Name of operation None Date of.....
 What test confirmed diagnosis? N.A.P.S. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury....., 19.....
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) H. J. McDonald, M. D.
 (Address) 1325 S. Grand

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.

4870
0287
4870
0287

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.