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4-13-40  
5-17-39  
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

16684

State File No. 4202

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

109  
110  
77  
99  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
En Route to City Hospital #1 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1230 S. 8th St  
(If rural, give location)

(e) Attending Physician  
If foreign born, how long in U. S. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Rosabelle Howard alias Sparks  
alias Freeman Alias Martin

3. (b) If veteran, name war one No. None  
(?) Social Security

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day May  
year 1941 hour 12:30 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased April 21 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 0 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Internal Hemorrhage from Penetrating Bullet Wound of Right Lung and Right Chest. Inflicted at the hands of one William C. Berkey alias Sparks in an alley west of 4th Street and North of 12th Street about 12:15 Pm 5/14/41

Other condition (Include pregnancy within 3 months of death)

9. Birthplace Missouri 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 166 175

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Barret Martin

(b) Address 1230 S. 8th St

17. (a) Cremation (b) Date thereof May 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 5/14/41

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Peatz Brothers  
3029 Lafayette Ave.

(b) Address MAY 19 1941

19. (a) MAY 19 1941 (b) J. Bredbeck  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. J. Perry (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 5/19/41

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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.....  
*Frank J. Brown*

Licensed Embalmer No.....  
*2245*

P. O. Address.....  
*St. Louis, Mo.*

**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, fact should be so stated above.**