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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30413

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7966

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: MO. BAPTIST HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 DAYS (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3517 So. JEFFERSON (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RICHARD SPARKS

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife MARY SPARKS

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV. (Month) 22 (Day) 1886 (Year)

8. AGE: Years 56 Months 9 Days 13 If less than one day hr. min.

9. Birthplace POTOSI (City, town, or county) MO. (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name ABIJAH SPARKS
13. Birthplace WASHINGTON Co. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name ELIZABETH FORIESTER
15. Birthplace WASHINGTON Co. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs. Annie Hayes

(b) Address 3517 So. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo. Cem.

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address Potosi Mo.

19. (a) SEP 7 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 5 year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Aug 1943, 19 to Sept 5 1943 that I last saw him alive on Sept 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration

Due to Arteriosclerosis & Cirrhosis of Liver.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) ~~Date of occurrence~~ ~~Sept 5 1943~~

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address 634 N. Grand Date signed 9/6/43

(Licensed Embalmer's Statement on Reverse Side)

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 William T. Simons

Licensed Embalmer No. 4319

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.