

12209

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 816

FILED APR 8 1944  
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Vinita Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8046 Strang Ave.  
(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

3. (a) PRINT FULL NAME Emma Katherine Sparks

3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Tahaska Sparks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 20, 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cotterville, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation At home

11. Industry or business Not employed

12. Name Adam Huser

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Margaret Treisch (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Ruth Murray

(b) Address 8046 Strang Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) APR 5-1944 (Date received local registry) (b) E. J. McDevran, M.D. (Registrar's signature) J.S.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis 96  
(c) City or town Vinita Park  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 8046 Strang Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1944 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1942 to April 3 1944  
that I last saw her or alive on April 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3/27/44 Duration 7 days

Due to Hypertension & arteriosclerosis 1 1/2 yrs.

Due to Chronic myocarditis 1 1/2 yrs.

Other conditions Arthritis 1 1/2 yrs  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 0  
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 \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Richard of Cincinnati, M.D. (M. D. or other)  
Address 5114 St. Louis Ave. Date signed 4/11/44

MAR 12 1948

JUN 21 1954

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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.....

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