

FILED 318
 MAY 31 1946

Registration District No. Primary Registration District No.

Registrar's No. 4549

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1823 A Franklin Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Yrs. (Specify whether years, months or days)
 In this community

3. (a) PRINT FULL NAME Ruth Sparks.

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Carl Sparks 6. (c) Age of husband or wife if alive May 1st, 1890.
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 0 19 hr. min.

9. Birthplace Bluesprings Miss.
 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Lindsy McWhorter

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

14. Maiden name Lula Stephens

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

16. (a) Informant Mahalia Magg

(b) Address 1823 a Franklin Ave.

17. (a) Burial (b) Date thereof 5-27-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Ellis Fun, Home.

(b) Address 2829 Stoddard St

19. (a) MAY 21 1946 (b) J. F. Bueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
 (c) City or town 1823 a Franklin Ave.
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20
 year 1946 hour 1/20 minute A. M.

21. I hereby certify that I attended the deceased from 3/16/46
1946 to 5/19/46
 that I last saw her alive on The 14th day of May, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart attack Duration
Acute Myocarditis

Due to ulcers of stomach

Due to Gastritis 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature J. F. Bueck (M. D. or other)

Address 3039 Leckle Date signed 5/20/46

1946
JUN 4

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

Lonnie Boykin

Licensed Embalmer No. *2946*

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.