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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 30 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1528

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys Hospital 1)
(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 St. Louis 96
 (c) City or town Lemay
(If outside city or town limits, write "RURAL")
 (d) Street No. 9704 S. Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jo Ann Sparrow
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 20, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>4</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business Nil

MOTHER FATHER
 12. Name Arthur Sparrow
 13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Hattie French
 15. Birthplace Greenville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Sparrow
 (b) Address 9704 S. Broadway

17. (a) Burial (b) Date thereof July 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway

19. (a) 7-20-46 (b) E. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18
 year 1946 hour 5 minute 27 P.M.
 21. I hereby certify that I attended the deceased from 5-27
1946, to 5-27, 1946;
 that I last saw h.e.a. alive on 5-27, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death - Acute Coronary
dilatation

Due to - Possible Congenital heart

Due to 952-7

Other conditions - Hepato-megaly
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration 24 hr.
 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 A. J. Mauro, M.D. (M. D. or other)
 Address St. Marys Hosp. Date signed 7-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Harry J. Schumaker*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.