

FILED DEC 14 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 10434

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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether \_\_\_\_\_)  
In this community 45 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3801 Laclede  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry F. Sparks

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-01-1831

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wilhelmina Beck 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased July 20, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 4 9 hr. min.

9. Birthplace Chouteau Township, Madison Co., Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Feeder

11. Industry or business Mfg. of Matches

MOTHER FATHER { 12. Name Andrew Jackson Sparks  
13. Birthplace Richmond, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Alvina Adeline Piggott  
15. Birthplace Betholts, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Zerweck  
(b) Address 3911 Kennerly

17. (a) Removed (b) Date thereof 12/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cemetery, Litchfield, Ill.

18. (a) Signature of funeral director Beiderwieden F. H., Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) DEC 1 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29, year 1948 hour 7: minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured aortic aneurysm Duration \_\_\_\_\_  
Unqualified

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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? old, ill.

What was work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(\*) Means of injury 3  
23. Signature Patrick C. Bayless (M.D. or other) \_\_\_\_\_  
Address 1500 Clark Date signed 11-30-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 14 1949

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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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave.

**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.**