

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

3000
0-47
-39
3906

FILED JAN 28 1950
Registration District No. 219

Primary Registration District No. 6679

Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Genevieve

(b) City or town St. Genevieve *Troup*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 Edwin Milnor Sparks

3. (b) If veteran, name war No

3. (c) Social Security No. 489-01-6499

4. Sex Male 5. Age or race White

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

6. (b) Name of husband or wife Irene Sparks

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 1st, 1889
(Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Alton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Charles F. Sparks

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

14. Maiden name Mary Noble

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

16. (a) Informant Irene Sparks

(b) Address 428 Foulds Ave, Illinois

17. (a) Jan. (b) Date thereof 1-23-50
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Ben F. Staten

(b) Address 220 Court St. Alton, Ill.

19. (a) Jan. 21, 1950 (b) Lee W. Hall 350
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 8120

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

(d) Street No. 428 Foulds Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th,
year 1950 hour 12:30 minute _____ P. M.

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

Immediate cause of death FRACTURED SKULL
ACCIDENTAL DEATH
VERDICT OF JURY

Due to AUTOMOBILE ACCIDENT
CAR LEAVING HIGHWAY AND STRICKING

Due to BLUFF 2 MILES SOUTH OF ST. GENEVIEVE MO

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) ACCIDENT

(b) Date of occurrence JAN 20 1950

(c) Where did injury occur? ST. GENEVIEVE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
PUBLIC PLACE HIGHWAY N.E. MO
(Specify type of place) (e) Means of injury _____

23. Signature Res. C. Decker Coover (M.D. or other) 3

Address St. Genevieve Mo Date signed 1/21/50

JAN 31 1950
JAN 30 1950

FEB 24 1950

RECEIVED

JAN 28 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-132

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 Les C. Soble

Licensed Embalmer No. 1985

P. O. Address St. Germain St

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.