S. No. 300
V. 10.48

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

FILED DEC 12 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40744
Registrar's No. 10874

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2259
d. STREET ADDRESS (If rural, give location): 8191 Market

**3. NAME OF DECEASED** (Type or Print)
a. (First): MONTE
b. (Middle):
c. (Last): SPARKMAN

**4. DATE OF DEATH** (Month) (Day) (Year): NOVEMBER 17, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 20, 1880
**9. AGE** (In years last birthday): 71
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Unknown
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Maude (deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Hospital Record
ADDRESS

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Malnutrition

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 332X

*22. I hereby certify that I attended the deceased from* 11-14-52, 19____, *to* 11-17-52, 19____, *that I last saw the deceased alive on* 11-17-52, 19____, *and that death occurred at* 2:20 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A.M. Higgins, M.D.
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 11-18-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE**: 11-19-52
**24c. NAME OF CEMETERY OR CREMATORY**: Anatomical Board
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 26 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Rowland Mortuary Service
ADDRESS: 4104 Manchester Ave.
(Licensed Embalmer's Statement on Reverse Side)

## 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Athens 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.