

THE DIVISION OF REALITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26921
STATE FILE NUMBER

FILED JUL 25 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1616

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. 1 hr.				Length of stay in lb 1 hr.		d. STREET ADDRESS (If outside, give location) 3925 Kossuth Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Kenneth Middle Michael Last Sparks				4. DATE OF DEATH Month June Day 24 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 24, 1957		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Richmond Heights, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Kenneth Sparks				14. MOTHER'S MAIDEN NAME Nancy Robertson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Kenneth Sparks 3925 Kossuth			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) no true prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) premature labor (6 months gestation) DUE TO (c) w. 1 lb 13 oz.							INTERVAL BETWEEN ONSET AND DEATH 3 2 hours	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 7:00 Month June Day 23 Year 1957 a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Richmond Heights, Mo.		20g. COUNTY St. Louis		20h. STATE Missouri	
21. I attended the deceased from June 23 to June 24 and last saw her alive on June 24 Death occurred at 7:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Tom H. Davis M.D.				22b. ADDRESS 35 N. Central		22c. DATE SIGNED 6-25-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/26/57	23c. NAME OF CEMETERY OR CREMATORY Friedens Cem			23d. LOCATION (City, town, or county) (State) 8900 N. Broadway.		
24. FUNERAL DIRECTOR W. A. Stock 2117 E. Grand Blvd.			25. DATE RECD. BY LOCAL REG. 6-25-57		26. REGISTRAR'S SIGNATURE Herbert R. Donk			

(Licensed Embalmer's Statement on Reverse Side)

3000-1-56
 All symptoms must be listed. All cases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Rockelmann
2615 Brentwood Blvd
A.O. 2-1909

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.