URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 045977

FILED VS DEC 21 1959

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211414

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis City Hosp # 1
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2327 Hickory St.,
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Virginia ~~B aby Girl~~ Middle Lee Last SPARKS
4. DATE OF DEATH: Month DECEMBER Day 8th, Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 8-1959
9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours 11 Min. 15
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): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Larry Sparks
13b. MOTHER'S MAIDEN NAME: Virginia Pruitt
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Larry Sparks Address: 2327 Hickory St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 776x
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-8-59 6:45A.M. to 12-8-59 and last saw her/him alive on 12-8-59
Death occurred at 6:00P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): R. James Vaccarella M.D.
22b. ADDRESS: 1515 Lafayette Ave.
22c. DATE SIGNED: 12-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-9-1959
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Caruthersville, Mo.
24. FUNERAL DIRECTOR: McLaughlin's ADDRESS: 2301 Lafayette
25. DATE RECD. BY LOCAL REG.: DEC 9 1959
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF informant

DOCUMENT

STATEMENT BY LICENSED EMBALMER

NOT

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No.455

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.