

FILED VS OCT 31 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10209**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis - Mo.,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair							
b. CITY (If outside corporate limits, give TOWNSHIP, only) St. Louis, Missouri		Length of stay in 1b 7 days..		c. CITY OR TOWN 4211 Bond Avenue		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Centerville, Illinois		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First ESTHER Middle M. Last SPARN				4. DATE OF DEATH Month October Day 20, Year 1960							
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 19		9. AGE (last birthday) 1898 - 62		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY house work		11. BIRTHPLACE (City and state or country) Cahokia Illinois		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Albert L. Jerome			13b. MOTHER'S MAIDEN NAME Elizabeth M. Pluff			14. NAME OF HUSBAND OR WIFE Edward Sparn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT 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) Mesenteric Thrombosis DUE TO (b) Aortic Thrombosis DUE TO (c) Generalized arteriosclerosis CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic Heart Disease - 10 yrs.									INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 6 days 10-15 yrs.		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			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.) 450.0						
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 October 13, 1960 to Oct. 20, 1960 and last saw her alive on Oct. 20, 1960 Death occurred at 3:31 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>[Signature]</i> (Degree or title)					22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 10/20/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/22/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel, Cemetery			23d. LOCATION (City, town, or county) Belleville, Illinois			(State)		
24. FUNERAL DIRECTOR Brichler Funeral Home ADDRESS 2216 State St. St. Louis, Ill.				25. DATE RECD. BY LOCAL REG. OCT 21 1960		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MISSOURI BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Frank Prabhak

Licensed Embalmer No. 43

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.