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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 30 1943
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 2689

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 25 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Thomas Sparling

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Salome Sparling

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug. 28, 1854.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	6	22	hr. min.

9. Birthplace Marquette Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name John Sparling

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name M. Jane Willébey

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Shaw

(b) Address 2609 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar. 22, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) MAR 21 1943 (Date received local registrar)

J. F. Medick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town Saint Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 7
1942, to May 20, 1943.

that I last saw him alive on May 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelo-nephritis

Duration 11 months

Due to Cancer of Prostate-Urinary

Due to

Other conditions (Include pregnancy within 3 months of death)

57

PHYSICIAN

Major findings:
Of operations

Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature Clair D. Guinness (M. D. or other)

Address 652 Century Bldg Date signed 3-21-43

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..... *Philip M. Lewis*

Licensed Embalmer No..... *5281*

P. O. Address..... *4468 Washington*

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.