S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36955

FILED NOV 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9802

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County Clay

(c) City or town Louisville N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Dema Sparling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jay S parling

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 14 (Day) 1887 (Year)

8. AGE: Years 56 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Clay County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Clarence Fopay
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Robinson
15. Birthplace Williamson, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Jay S parling
(b) Address Louisville, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Jasper County, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 8 1943 (Date received local registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 16, 1943, to November 17, 1943; that I last saw her alive on November 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED ABDOMINAL CARCINOMATOSIS — Duration 14 yr

Due to PRIMARY CARCINOMA OF THE OVARY

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature FR Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.