

#38006

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **797**  
 Registrar's No. **784**

**FILED JAN 31 1945 318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
 (a) County **St. Louis, Missouri**  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1016 Lynch Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lenna N. Sparks**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan.** day **23rd**  
 year **1945** hour **8:30** minute **P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Cameo Sparks (Kincheloe)** 6. (c) Age of husband or wife if \_\_\_\_\_ years  
 7. Birth date of deceased **May 10, 1890**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1/21/45**  
 \_\_\_\_\_, 19\_\_\_\_, to **1/23/45**, 19\_\_\_\_;  
 that I last saw him alive on **1/23/45**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>8</b>	<b>13</b>	hr. _____ min.

Immediate cause of death **Carcinoma of Stomach**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business **American Express Co.**

12. Name **Samual Sparks**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Montgomery**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Cameo Sparks**

(b) Address **1016 Lynch Street**

17. (a) Burial **Burial** (b) Date thereof **1/27/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (c) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **JAN 25 1945** (b) **J. F. Bredek**  
(Date received local registrar's certificate) (Registrar's signature)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **Carcinoma of stomach**  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **E. W. Gilchrist** Date signed **1/24/45**  
 Address **1513 Lafayette**

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

MOTHER FATHER

---

---

**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 Gestav W. Deitrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo

**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.**