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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6988

Registrar's No. 2129

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2834 Clark
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 20 years (Specify whether 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. 2834 Clark Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sarah Sparks

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 3

5. Color or race Col

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

6. (b) Name of husband or wife John Sparks

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 80 Months Days If less than one day hr. min.

9. Birthplace Vicksburg (City, town, or county) Miss (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name John Boman
13. Birthplace Rural (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Sarah
15. Birthplace (City, town, or county) Va (State or foreign country)

16. (a) Informant Mary Boman

(b) Address 9 so 23 rd St

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Mar 3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cem

18. (a) Signature of funeral director J W Hughes

(b) Address 2620 Lawton blvd

19. (a) MAR 3 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h. alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 2 x 3" degree G. Burns of 80% of body suffered in home while her home in the near Due fire 2834 Clark Ave on March 2 1947 at about 9:10 A.M.

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) Accident

(b) Date of occurrence March 2 1947

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

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

While at work (e) Means of injury Burns

23. Signature (M. D. or other)

Address Date signed 3/3/47

(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 .....

Not Embalmed, Registered Apprentice No. .....,

working under my personal supervision.

Signed J. W. Hughes.

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.