

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 14 1948

1003

Registration District No. _____ Primary Registration District No. _____

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:
1946 THOMAS
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 000
 (c) City or town St. Louis 2117
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2916 Thomas, St. 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOUISE SPARROW
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color or race NEGR
 6. (b) Name of husband or wife LEVI SPARROW
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 28 1915
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 28
 year 1947 hour 1 minute 14 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.

8. AGE:

Years	Months	Days	If less than one day
<u>32</u>	<u>0</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death _____
Coronary Occlusion
 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 HOUSE WIFE

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically:

MOTHER {
FATHER {
 12. Name LOUISE BARRIS
 13. Birthplace UNK.
 (City, town, or county) (State or foreign country)
 14. Maiden name LIZZIE MC... ..
 15. Birthplace MISS.
 (City, town, or county) (State or foreign country)

16. (a) Informant LEVI SPARROW
 (b) Address 2916 THOMAS
 17. (a) EMERAL (b) Date thereof 8-4-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation NATIONAL C.F.M.
 18. (a) Signature of funeral director Engle...
 (b) Address 2931 N. OF AS
 19. (a) MAR 4 1948 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Patrick F. Taylor (M. D. or other)
 Address Deputy Coroner Date signed 2-28-47

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

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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.

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