

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25321
5855

State File No.

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2149</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5219 Lindenwood Ave.</u>		STREET ADDRESS (If rural, give location) <u>5219 Lindenwood Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>H.</u> c. (Last) <u>SPARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 13, 1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Refiner (For Self)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Litchfield, Ill.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>James Sparr</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Hefley</u>	14. NAME OF HUSBAND OR WIFE <u>Late Mildred Sparr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Schuerer</u> ADDRESS <u>5219 Lindenwood</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lues</u>		6 Mo.	

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HHSX</u>

22. I hereby certify that I attended the deceased from Feb. 2, 1951, to June 28, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Walters M.D.</u> (Degree or title)	23b. ADDRESS <u>3608 S. Grand Blvd.</u>	23c. DATE SIGNED <u>6/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jun. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>JUN 29 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Welf

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Edwin M. Berma

Signed.....
Student Embalmer

Licensed Embalmer No.....
3024

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.