

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33732

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2461</u>							
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>				c. LENGTH OF STAY (in this place) <u>10 years</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7530 Harter Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>7530 Harter Ave.</u>				<u>4495</u>					
3. NAME OF DECEASED (Type or Print) <u>Catherine Virginia Sparks</u>			a. (First) <u>Virginia</u>			b. (Middle) <u>Sparks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 13, 1870</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Thomas Manning</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gordon</u>				14. NAME OF HUSBAND OR WIFE <u>George W. Sparks</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>E. Betty Nolte (daughter) 7530 Harter Ave. Richmond Hgts,</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hemorrhagic Encephalitis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Sclerosis</u>								<u>4 yrs</u>			
		DUE TO (c) <u>331X</u>											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emaciation</u>											
19a. DATE OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Jan 15, 1952</u> to <u>Apr 23, 1952</u> , that I last saw the deceased alive on <u>Apr 23, 1952</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>1452 So Compton St. Louis 4 Mo</u>				23c. DATE SIGNED <u>Apr 23, 52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 25, '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker (Mo.) Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>9-24-52</u>		REGISTRAR'S SIGNATURE <u>Nerbert R. Donke MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>McCroghan 7146 Manchester St. Louis 17 Mo</u>							

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

1-10-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. W. Rietor

Licensed Embalmer No. 4865

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.