U.S. No. 300
Rev. 10-48

NOV 14 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37304

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2784

4009
4

**1. PLACE OF DEATH**
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MANCHESTER
c. LENGTH OF STAY (in this place) 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PINE CREST #2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
d. STREET ADDRESS (If rural, give location) 901 S. Harrison

4673
1

**3. NAME OF DECEASED** (Type or Print)
a. (First) ROBERT
b. (Middle)
c. (Last) SPARLING

**4. DATE OF DEATH** (Month) (Day) (Year) Oct. 28, 1952

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Divorced
**8. DATE OF BIRTH** Dec. 21, 1880
**9. AGE** (In years last birthday) 71 — IF UNDER 1 YEAR Months 10 Days 7 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Contractor
**10b. KIND OF BUSINESS OR INDUSTRY** Building
**11. BIRTHPLACE** (City and State or Foreign Country) Michigan
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Robert Sparling
**13b. MOTHER'S MAIDEN NAME** Mary Dawson
**14. NAME OF HUSBAND OR WIFE** Divorced

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) None
**16. SOCIAL SECURITY NO.** 493-10-2814
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. John Sparling
**ADDRESS** 901 S Harrison, Kirkwood, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

4222

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-1, 1950, *to* 10-28, 1952, *that I last saw the deceased alive on* 10/25, 1952, *and that death occurred at* 1:05 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) C. A. Heslie M.D.
**23b. ADDRESS** Kirkwood 22, Mo
**23c. DATE SIGNED** 10/29/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 10-30-52
**24c. NAME OF CEMETERY OR CREMATORY** St. Pauls Churchyard
**24d. LOCATION** (City, town, or county) (State) St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.** 10-28-52
**REGISTRAR'S SIGNATURE** Herbert R. Domke - M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Jay B. Smith Funeral Home
**ADDRESS** 7456 Manchester, Maplewood, Mo.

P.T.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....,

working under my persona! supervision.

Student .....
Student Embalmer

Signed H. V. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.**

S. Mo. 500
v. 10/48

NOV 14 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37304

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2784

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MANCHESTER
c. LENGTH OF STAY (In this place) 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PINE CREST #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
d. STREET ADDRESS (If rural, give location) 901 S. Harrison

467

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) c. (Last) SPARLING

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Dec. 21, 1880
9. AGE (In years last birthday) 71 If under 1 year: Months 10 Days 7 If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and State or Foreign Country) Missouri ~~Michigan~~
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Sparling
13b. MOTHER'S MAIDEN NAME Mary Dawson
14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 493-10-2814
17. INFORMANT'S SIGNATURE OR NAME Mrs. John Sparling ADDRESS 901 S Harrison, Kirkwood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1950, to 10-28, 1952, that I last saw the deceased alive on 10/25, 1952 and that death occurred at 1:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Theslie M.D.
23b. ADDRESS Kirkwood 22, Mo
23c. DATE SIGNED 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-30-52
24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 10-28-52
REGISTRAR'S SIGNATURE Herbert R. Donde M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith Funeral Home ADDRESS 7456 Manchester, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Item #11 corr. by aff. from fun. home - 2 8-29-80