

STANDARD CERTIFICATE OF DEATH

State File No. **36230**
 Registrar's No. **8196**

FILED OCT 18 1956

BIRTH NO. 72940-56 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 12 hours d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moline 4020 d. STREET ADDRESS (If rural, give location) 10209 Duke Drive	
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3. NAME OF DECEASED a. (First) Gerard b. (Middle) Sparks c. (Last) (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Sept 3 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept 3 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James B. Sparks	13b. MOTHER'S MAIDEN NAME Dorothy Blank	14. NAME OF HUSBAND OR WIFE Never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME James G. Sparks ADDRESS 10209 Duke Drive

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Underdeveloped</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <div style="text-align: right; font-size: 2em; font-weight: bold;">776x</div>		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?	

22. I hereby certify that I attended the deceased from 9/3/52, 1952, to 9/3, 1952, that I last saw the deceased alive on 9/3, 1952, and that death occurred at 4:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>James G. Sparks</i>	23b. ADDRESS 10011 Bellefontaine Rd	23c. DATE SIGNED 9/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 5 1956	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG. SEP 5 1956	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Ave ADDRESS
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

NOT EMBALMED

Licensed Embalmer No. _____

P. O. Address 2161 East Fairview

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.