

pt. Health,
& Welfare
S. Public
Health Service

S. 300
Rev. 1-56

Securing this medical certification in the same manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 5 1958

STANDARD CERTIFICATE OF DEATH

47658

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12792

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>262 Kingsdown Way 28</u>		d. STREET ADDRESS <u>W. 28th</u>	
3. NAME OF DECEASED (Type or print) <u>Robert Sparks</u>		4. DATE OF DEATH <u>12/18/57</u>	
5. SEX <u>Male</u>	6. COLOR <u>White</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	7. DATE OF BIRTH <u>1-1-1917</u>
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years, months, days) <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>W. K.</u>		14. MOTHER'S MAIDEN NAME <u>W. K.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, of what branch) (If yes, give year of dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>W. K.</u>	
17. INFORMANT <u>E. R. Koppert, Bro. Clerk</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <u>1. Coronary Occlusion</u> DUE TO (c) <u>2. Epilepsy 3533</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jama Fall Deputy</u>		22b. ADDRESS <u>1300 Clark</u>	
22c. DATE SIGNED <u>1-2-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) _____	
23b. DATE <u>1-31-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State) _____	
24. GENERAL DIRECTOR <u>Rowland Aker Mortuary Service</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 29 58</u>	
4104 Manchester Ave. St. Louis 10, Mo.		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo.</u>	

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. :