

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis,** (No. **1419 N. Spring** St. Ward)

File No. **17814**
Registered No. **4125**

2. FULL NAME Henry Sperflage,

(a) Residence, No. St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elinorah Sperflage**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1869-2-8**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Grocer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Henry Sperflage,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany,**

15. MAIDEN NAME **Albertina Emig,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Denmark**

17. INFORMANT (ADDRESS) **Mrs. Robert Dietz 1419 N. Spring av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **5/8/35** 19.

19. UNDERTAKER (ADDRESS) **Robert F. ... Clayton Rd. at Concordia Lane**

20. FILED IN **17** 19**35** Registrar. **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5th,** 19 **35**

22. I HEREBY CERTIFY, That I attended deceased from **April 24**, 19**35**, to **May 5th,** 19 **35**
I last saw him alive on **May 5th,** 19 **35** Death is said to have occurred on the date stated above, at **7:45 p.** m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Carcinoma primary 5/14/34
(Prostate & Bladder)
Primary seat in Prostate
Other contributory causes of importance:
Myocardial Regurgitation 2 years

Name of operation **None** Date of
What test confirmed diagnosis? **Prost. Exam** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **Geob. Kroeger**, M. D.
3442 Geraldine av.
(Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

