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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33186**

FILLED NOV 24 1941

Registrar's No. **8140**

Registration District No. **171**

Primary Registration District No. **1009**

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65
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **ST LOUIS MO**
(b) City or town **ST LOUIS MO**
(c) Name of hospital or institution: **2754 LIMIT AVE**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **204**
(c) City or town **ST LOUIS**
(d) Street No. **2754 LIMIT AV**
(e) **No Attending Physician**

3. (a) PRINT FULL NAME **MINNIE SPERRY**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **CHAS D SPERRY** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JAN 12 1867**

8. AGE: Years **74** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **ST LOUIS MO**

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **FREDERICK ROWER**

13. Birthplace **GERMANY**

14. Maiden name **CHARLOTTE BRICKENKAMP**

15. Birthplace **GERMANY**

16. (a) Informant **Gaymond Sperry**

(b) Address **2754 LIMIT AV**

17. (a) **BURIAL** (b) Date thereof **10-13-41**

(c) Place: burial or cremation **ST PETER'S CEM**

18. (a) Signature of funeral director **M J Croghan**

(b) Address **716 W MANCHESTER AV**

19. (a) **OCT 13 1941** (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **OCT**, day **10TH**, year **1941**, hour **2:30**, minute **P**, M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**
Arterio Sclerosis

Other conditions **gta**
(Include pregnancy within 3 months of death)

Major findings: Of operations **gta**
Of autopsy **gta**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Thomas T Callinan** (M.D. or other) _____
Address **Deputy Coroner** Date signed **10/10/41**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Francis P. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7401 Zephyr*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33186
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Minnie Sperry

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 12 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months Days (If less than one day) min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) DEC 3 1941 (b) J. F. Brueck
(Received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day.....
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....;
that I last saw him..... alive on..... 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

8/140

1941

5-33186