

Registration District No. **1014**

Primary Registration District No. **3009**

Registrar's No. **155**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution: **St. Francis Hospital**
(d) Length of stay: In hospital or institution **4 days**
In this community **since 1905**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Gir.**
(c) City or town **Cape Girardeau**
(d) Street No. **732 William St.**
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **William J. Sperling**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **1 divorced, 1 married**
6. (b) Name of husband or wife **Minnie Denecke** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Dec 28, 1879**

8. AGE: Years **62** Months **4** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Gordonville Mo.**

10. Usual occupation **Owner of Monument**

11. Industry or business **Co.**

12. Name **Wm Sperling**

13. Birthplace **Gordonville Mo.**

14. Maiden name **Casoline Schleiter**

15. Birthplace **Gordonville Mo.**

16. (a) Informant **Mrs Minnie Sperling**

(b) Address **Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **5-12-42**

(c) Place: burial or cremation **Gordonville Cent.**

18. (a) Signature of funeral director **J. L. Haman**

(b) Address **Cape Girardeau Mo.**

19. (a) **5/12-42** (b) **J. M. Phelps**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11th** year **1942** hour **2** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **March 1942** to **May 11, 1942**

that I last saw him alive on **May 11, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertensive Heart disease**

Due to **Coronary Occlusion**
Due to **Cardiac Dilatation**

Other conditions _____

Major findings: Of operations Of autopsy

940

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? _____

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

While at work? _____ (Specify type of place) _____

23. Signature **H. Washel** (M. D. or other) _____

Address **Cape Girardeau** Date signed **5/13/42**

Duration

14 days

1 hour

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 642-767

Date Filed 6-16-42

FEB 28 1947

MAR 12 1947

MAR 12 1947

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

Signed Earl Smith
Licensed Embalmer No. 3676
P. O. Address Cape Cod, Mass.

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.