No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947 #69621

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19389

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4724

1. PLACE OF DEATH:

(a) County: 600

(b) City or town: St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township) 23 17

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location) 9

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 600

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 23 17

(d) Street No.: 2716 S. 7th St. (If rural, give location) 9

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: JAMES SPERRY

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: 431-05-3052

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Grace Sperry

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: May (Month) 10 (Day) 1894 (Year)

8. AGE: Years 52 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: La Harpe (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Musician

11. Industry or business .....

MOTHER FATHER

12. Name: John Sperry

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

14. Maiden name: Unknown

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

16. (a) Informant: Grace Sperry Austin

(b) Address: Millersville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) MAY 10 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1947 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from 3/24/47 to May 6th, 1947; that I last saw him alive on May 6th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Left Kidney	4 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

52

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) While at work? ..... (e) Means of injury .....

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

Address: 1515 Lafayette Date signed: 5/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NO EMBALM

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.....

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