

10-47
7-39
3906

FILED OCT 9 1948 **318**
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rebecca M. Sperry

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased December 24 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Hermann Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Gustav Brantt

13. Birthplace Hermann Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Schaffer

15. Birthplace Hermann Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Webster Sperry
(b) Address Florissant, Missouri

17. (a) Burial (b) Date thereof 9/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) SEP 27 1948 2000 Washington Blvd.

19. (a) SEP 27 1948 (b) J. Breuer
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 23
1948 to September 26, 1948;
that I last saw her alive on September 26, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death ADRENAL INSUFFICIENCY

Due to METASTATIC CARCINOMA OF THE BREAST

Due to _____

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

Major findings: Of operations _____
Of autopsy AS ABOVE

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 James F. Mickel (M. D. or other) NO
Address Barnes Hospital Date signed _____

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

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

MOTHER FATHER

SEP 27 1948

SEP 27 1948

Mickel

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address. *St. Louis, Mo*

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.