

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31868

State File No.

7902

FILED SEP 21 1951		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				a. STATE Missouri		b. COUNTY St. Louis				
c. LENGTH OF STAY (in this place) 5 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fenton		4770						
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital				d. STREET ADDRESS (If rural, give location) 306 Larkin Williams Road						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX				
a. (First) Mamie	b. (Middle) Anna		c. (Last) Sperry		(Month) Sept.	(Day) 4	(Year) 1951			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 7, 1910		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Warren County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Fred J. Oberheman			13b. MOTHER'S MAIDEN NAME Cathrin Mae Hill			14. NAME OF HUSBAND OR WIFE Horace Sperry				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Horace Sperry, Fenton, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio nephrosis						40 yrs.	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerulonephritis							
			DUE TO (c) Arteriosclerotic Heart Disease							
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? H42X					
22. I hereby certify that I attended the deceased from Aug 27, 1951 , to Sept 4, 1951 , that I last saw the deceased alive on 9-4- , 1951, and that death occurred at 10 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE P.B. Cappel M.D. (Degree or title)					23b. ADDRESS 3284 Franklin Ave			23c. DATE SIGNED 9-5-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/7/51		24c. NAME OF CEMETERY OR CREMATORY St. Luke's Cemetery			24d. LOCATION (City, town, or county) (State) Big Springs, Missouri			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE SEP 5 1951		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Fun'l Home			ADDRESS Ballwin, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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.