

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17830

1. PLACE OF DEATH

County 3801 Gladwin Ave Registration District No. 731
 Township St-Louis Primary Registration District No. 1000
 City St-Louis (No. Good Shepherd Cemetery) St. _____ Ward _____

File No. _____
 Registered No. 4953

2. FULL NAME Sister Mary of the Five Wounds Mary Berry

(a) Residence. No. 3801 Gladwin Ave St. St-Louis Ward 16
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 76

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-20-1930
 17. I HEREBY CERTIFY, That I attended deceased from _____
April, 1928, to May 20, 1930
 that I last saw h. e. alive on May 19, 1930, and that death occurred, on the date stated above, at 2:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis chr.
930
 (duration) 2 yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Catholic nun
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Philadelphia
 (STATE OR COUNTRY) Penn.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Charles Berry

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W. H. Stummich, M. D.

12. MAIDEN NAME OF MOTHER Genevieve Miller

5-10, 1930 (Address) 214 Chouteau West Bldg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Sister Mary of St-Francois, Kansas
 (Address) 3801 Gladwin Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Labary DATE OF BURIAL 5-21 1930

15. FILED May 21 1930 W. U. Stork REGISTRAR

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 North St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

21
4
2
10

