JAN 13 1936

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

Do not use this space.

41638

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10882

City St. Louis Mo. (No. Mo. Baptist Santarium St. ..... Ward)

2. FULL NAME Florance Berry

(a) Residence, No. 5511 Clemens Ave. St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Claude

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 12, 1890

7. AGE: YEARS 45 | MONTHS 1 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

FATHER

13. NAME: James Eagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

MOTHER

15. MAIDEN NAME: Mary Geckie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): C. P. Berry, 5511 Clemens Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 24, 1935

19. UNDERTAKER (ADDRESS): Cullen & Kelly, 1416 N. Taylor Ave.

20. FILED DEC 23 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21 -, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1 -, 1935, to 12/21 -, 1935.
I last saw h. 2 alive on 12/21 -, 1935. Death is said to have occurred on the date stated above, at 6 a.m. 7
The principal cause of death and related causes of importance were as follows:

Carcinoma Floor
4th Ventricle

53

Other contributory causes of importance:
Pneumonia Static
(Terminal)

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R K Andrews, M. D.
(Address) Wall Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Andrews.