

SEP 10 1937

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

Do not use this space.

29177

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **Barnes Hospital**)

File No.

Registered No. **7810**

St. Ward)

2. FULL NAME **Esther Ellen Berry**

(a) Residence, No. **413 FREMONT**

St., **R.R.** Ward. **SUMNER, ILL**

(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

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) **September 8th, 1920**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

16

11

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Lake City, Iowa

MOTHER / FATHER

13. NAME **Jasper Berry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Richland County, Illinois

15. MAIDEN NAME **Ethel McCaulley**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lake City, Iowa

17. INFORMANT (ADDRESS)

**Jasper Berry
Sumner, Illinois**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Sumner, Illinois** DATE **August 20th, 1937**

19. UNDERTAKER (ADDRESS)

**Albert H. Hoppe Inc.,
429 N. Euclid Avenue**

20. FILED

AUG 10 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-18-37**

22. I HEREBY CERTIFY, That I attended deceased from **6-27** 19**37** to **8-18** 19**37**

I last saw h. **ew** alive on **8-18** 19**37**. Death is said

to have occurred on the date stated above, at **9:10 a.m.**

The principal cause of death and related causes of importance were as follows:

**Osteomyelitis of left femur
Septemia Nov. 13**

Date of onset

Other contributory causes of importance:

154

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Heinz Hoppe**, M. D.

(Address) **Sumner, Illinois**

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.

