

REC'D MAY 6 1938

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

15778.
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Clayton
(c) City Clayton

Registration District No. 784Primary Registration District No. St. Louis County Hospital Registered No. 783

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Berry, Emma 600(a) Residence, No. South Center Rd, near 66- St. Kirkwood
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 John Berry6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/16/1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
9. Industry or business in which work was done, as 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) Mo. 0FATHER 13. NAME Harry Pyle 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1MOTHER 15. MAIDEN NAME Emma Stafford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.17. INFORMANT (ADDRESS) John Berry
2045 Center Rd, near 66, Kirkwood18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill, Co. DATE 8/2/3819. FUNERAL DIRECTOR (ADDRESS) W. Bopp
Kirkwood, Mo.20. FILED 4-20 1938 R. Meyer, M.D., Reg. 7
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30, 193822. I HEREBY CERTIFY, That I attended deceased from 4/25, 1938, to 4/30, 1938I last saw her alive on 4/29, 1938. Death is said to have occurred on the date stated above, at 6:55 a.m.

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

Rheumatic Heart Disease Date of onset 3/138
Cardiac Decompensation
450

Other contributory causes of importance:
Cavernous Sinus Thrombosis
Pulmonary Embolism and Thrombosis
Pulmonary Infection + Congestion, Uremia 4/28/38

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy yes23. 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) Wm. E. Cool M. D.
(Address) St. Louis County Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer Licensed Embalmer No. 3285

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John M. Meyer
Licensed Embalmer No. 3285

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.)