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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23279

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5724

1. PLACE OF DEATH:

(a) County: 1

(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: H G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)

In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:

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(a) State: Missouri (b) County:

(c) City or town: St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No.: 3229 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Hutson Berry Joseph Grey Berry

3. (b) If veteran, name war: Yes

3. (c) Social Security No.: 327-03-5124

4. Sex: Male

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: O Pal Berry

6. (c) Age of husband or wife if alive: 36yrs

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years: About 39 | Months | Days | If less than one day: hr. min.

9. Birthplace: Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Geo Berry

FATHER
12. Name:
13. Birthplace: Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Miss. (City, town, or county) (State or foreign country)

16. (a) Informant: Opal Berry
(b) Address: 910 A Biddle Street

17. (a) Burial, cremation, removal: Burial (b) Date thereof: July 6th 1940

(c) Place: burial or cremation: Jefferson Barracks

18. (a) Signature of funeral director: A. L. Beal Und Co.
(b) Address: 2726 Lucas Ave.

19. (a) JUL 5 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1940 hour 8:25 minute P M.

21. I hereby certify that I attended the deceased from June 21, 1940 to June 29, 1940; that I last saw him alive on June 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	8 years
Chronic Nephritis	8 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C. Allen (M. D. or other)

Address: 2601 N Whittier Date signed 7/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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, above space should be left blank.