

13-40
7-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23950
Registrar's No. 6395

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)

3. (a) PRINT FULL NAME Levonina Berry
3. (b) If veteran, name war _____
3. (c) Social Security No. 600

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Febry 6th 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name George Faulkner

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dees
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Berry.

(b) Address 3347 Edmundson Rd. Overland,

17. (a) Burial (b) Date thereof Aug. 1st 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Mo.

18. (a) Signature of funeral director W. L. Lidner M. Co.

(b) Address 2223 St. Louis Ave.

19. (a) Jul 30 1940 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5716 Prescott Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A. U. S. A years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29,
year 1940 hour 12:40 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from July 27, 1940, to July 29, 1940;
that I last saw h er alive on July 29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension years

Due to Qualitative Metastasis mos

Other conditions cholelithiasis
(Include pregnancy within 3 months of death) hypertension of uterine

Major findings: Of operations _____
Of autopsy 4/8 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Ford (M. D. or other) _____
Address 1515 Lafayette, Date signed 7/29/40

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

MOTHER FATHER

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.....

Licensed Embalmer No. *1474*

P. O. Address *5223 St. Louis A*

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, fact should be so stated above.