No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26878
6774

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County In Route to Hospital

(b) City or town ST LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 115 So.23rd St 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether years, months or days) In this community Not Known

2. USUAL RESIDENCE OF DECEASED:

(a) State O (b) County

(c) City or town St Louis Mo 22 (If outside city or town limits, write "RURAL")

(d) Street No. 115 So. 23rd St. (If rural, give location)

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

3. (a) PRINT FULL NAME John Berry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 15 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Not Known

15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie mae Curry

(b) Address 2216 Spruce st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 215 So Jefferson ave

19. (a) AUG 8 1940 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1948 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Edema of Lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature (M. D. or other)

Address Date signed

(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 S. J. Yates on

Licensed Embalmer No. 369 P

P. O. Address 2769 Chouteau

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.