S. No. 2
—1-4-41
5-17-39
PI X26390

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16325

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3843

1. PLACE OF DEATH:
(a) County: St. Louis Missouri
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 94
(c) City or town: Flat River, NER 2
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry Berry
3. (b) If veteran, name war: unk
3. (c) Social Security No. unk
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 1 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 5 If less than one day hr. min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: unknown
11. Industry or business:
12. Name (FATHER): John Berry
13. Birthplace: Tenn / (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER): Polly Viney
15. Birthplace: Tenn / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs White
(b) Address: Flat River Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem. Flat River, Mo.
18. (a) Signature of funeral director: Sparks Fnd. Co.
(b) Address: Elvins, Missouri
19. (a) MAY 6 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1941 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from March 13th, 1941, to May 6th 1941, that I last saw him alive on May 6th 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	years
Due to: 0	
Due to: 0	
Other conditions (Include pregnancy within 3 months of death): Senile Psychosis	mos
Major findings: Of operations: 0	
Of autopsy: 0	

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: 0

23. Signature: Walter Ford (M. D. or other)
Address: 1515 Lafayette Avenue Date signed 5/6/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.