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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19006

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1165

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: 2275 Yale / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. L.

(c) City or town Maplewood (If outside city or town limits, write "RURAL")

(d) Street No. 2275 Yale (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Berry

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife James Berry

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

7. Birth date of deceased Dec. 3, 1868 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 5 | 29 | hr. min. |

9. Birthplace St. Genevieve, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Alex Fontan
13. Birthplace (City, town, or county) France A (State or foreign country)

MOTHER
14. Maiden name Mary Govro
15. Birthplace (City, town, or county) France A (State or foreign country)

16. (a) Informant James Berry

(b) Address 7705 Arlington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUN - 3 1941 (Date received local registrar) (b) L R Thurs Mdle Atty (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 2

year 1941 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 19 , to June 2, 1941; that I last saw h alive on June 1, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Generalized Arteriosclerosis.

Due to Cholelithiasis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John A Buscoe (M. D. or other) MD

Address 2648 OAKVIEW TER. MAPLEWOOD, MO. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Drennan

**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 J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.**