V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31270

State File No. 0

FILED OCT 6 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1863

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility,
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution Adm. 2/7/42. (Specify whether
In this community since 2/7/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Quincy 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. Illinois Soldiers and Sailors Home. (If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 2
If yes, name country -

3. (a) PRINT FULL NAME Edgar BERRY,
3. (b) If veteran, name war World War-1918
3. (c) Social Security No. none.
4. Sex Male 6
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February (Month) 12, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	6	23	hr. min.

9. Birthplace Toledo, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation Lineman
11. Industry or business -
FATHER
12. Name Thomas Berry
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Florence Tomlinson
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant M. Schellig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mattoon, Ill.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) SEP - 6 1942 (Date received local registrar) (b) L. D. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th, year 1942 hour 5:00 minute a. M.
21. I hereby certify that I attended the deceased from February 7, 1942, 19 to September 5, 1942; that I last saw him alive on September 5, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage, with hemiplegia, spastic, right.	Abt. 48 hr
Due to Generalized arteriosclerosis.	Unknown.
Due to -	
Other conditions (Include pregnancy within 3 months of death) Empyema, right chest, and	Abt. 7 mo.
Amyotrophic lateral sclerosis.	Abt. 18 mo.

Major findings:
Of operations Thoracotomy with rib resection, 4/29/42.
Of autopsy No 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? Means of injury
23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 9/5/42.

(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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.