S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3351

State File No.

FILED FEB 10 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 194

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

1. PLACE OF DEATH:

(a) County Saint Louis

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 1-22-43 (Specify whether
In this community Since 1-22-43 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County N. Sta. Ga.

(c) City or town Leadington
(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 BERRY, Harry

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 5, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	6	18	hr. min.

9. Birthplace Poplar Bluff, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Phillip Berry
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Livingston
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, VAF Jeff. Bks. Mo.
(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 27-43 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director G. Hoffmeister Co.
(b) Address 7814 S. Broadway

19. (a) JAN 25 1943 (Date received for record) (b) C. G. McGarvey MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1943 hour 3:27 minute P M.

21. I hereby certify that I attended the deceased from January 22 1943, 19, to January 23, 1943
that I last saw him alive on January 23, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage with myocardial insufficiency.	Unknown
Due to -	
Other conditions Arteriosclerosis, general. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations Nooperation
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? (e) Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Med. Officer, VAF, Jefferson Barracks, Mo. Date signed 1-23-43

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1943

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. Broadway

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.