S. No. 2
M—2-43
5-17-39
I X-5657

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22785

Registrar's No. 6135 58

N.R.

1. PLACE OF DEATH:

(a) County
(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: Lutheran Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 0
(c) City or town Herculaneum
(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 Coleman Berry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

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

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August (Month) 13 (Day) 1914 (Year)

8. AGE: Years 28 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Flat River (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Soda Distributor

11. Industry or business

FATHER
12. Name B.J. Berry
13. Birthplace Madison Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Alice Coleman
15. Birthplace Wayne Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Dorothy Berry
(b) Address Herculaneum, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) JUL 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1943 hour 2 minute 55P M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 3, 1943; that I last saw him alive on July 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Peritonitis	2-3 days
Due to Appendicitis, Acute, Gangrenous, Perforated	4 days
Due to	
Other conditions Acute Cardiac Failure (Include pregnancy within 3 months of death)	

12/1/1

Major findings: Of operations Generalized Peritonitis with Gangrenous Ruptured Appendix
Of 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 0

23. Signature [illegible] (M. D. or other) M.D.
Address 3606 Gravois Date signed 7/6/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1944

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. 1861

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.