

S. No. 2
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22786

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 12 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2087

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital.
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 826 Clara Ave.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLOSSYE C. BERRY.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife William E. Berry. 6. (c) Age of husband or wife if alive 58. years

7. Birth date of deceased June 14, 1888.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55.	1.	21.	hr. min.

9. Birthplace New Canton, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name John W. Boyd.

13. Birthplace Bedford, Indiana.
(City, town, or county) (State or foreign country)

14. Maiden name Sophemia Hayes.

15. Birthplace Campbellsburg, Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Berry.

(b) Address 826 Clara Avenue.

17. (a) Removal. (b) Date thereof 8/6/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barry, Illinois.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd.

19. (a) AUG 5 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th,
year 1943. hour 10:00 minute A - M.

21. I hereby certify that I attended the deceased from 9-12
1940 to Aug. 4, 1943
that I last saw her alive on Aug. 3rd, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral bronchopneumonia Duration 2 day

Due to left hemiplegia as result
encephalomyelosis 3da.

Due to Carcinoma Rt. breast. 1938
Carcinoma larynx. 1941

Other conditions multiple epitheliomas
(Include pregnancy within 3 months of death)
hands & feet 50

Major findings: Of operations _____

Of autopsy yes - encephalomyelosis
Rt. front & parietal infarction

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. J. Verda (M. D. or other)
Address 3720 Washington Date signed 8-5-43

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

MOTHER FATHER

Also License of Porter
3730 Washington
Ke: OS 70
Also Vendor will sign
in formal office

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 Clarence A. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo

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.