

FILED NOV 10 1943 318  
Registration District No.

Primary Registration District No. 1523

Registrar's No. 9431

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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:  
3964 Botanical Ave.  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EDITH BERRY

3. (b) If veteran, name war None

3. (c) Social Security No. 497-18-8335

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 6, 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>9</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Gleason Strauss

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

14. Maiden name Mary Bailey

15. Birthplace Hullman Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Berry

(b) Address 3964 Botanical Ave.

17. (a) Burial (b) Date thereof Oct. 29, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cafayette Langley

18. (a) Signature of funeral director J. F. Brubaker

(b) Address \_\_\_\_\_

19. (a) OCT 27 1943 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

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

(d) Street No. 3964 Botanical Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1943 to \_\_\_\_\_, 1943  
that I last saw her alive on Oct 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism  
Migration

Due to Post Operative -  
Cause unknown

Due to \_\_\_\_\_

Other conditions Operated for tail bladder  
(Include pregnancy within 3 months of death)

Major findings: Aspected and  
Of operations at Dr. Anthony's  
Hospital for inflamed  
Of autopsy - metastatic foci  
bladder and the appendix

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be attributed historically.

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 Dr. N. A. Schneider (M. D. or other) \_\_\_\_\_

Address 3318 So Grand Date signed 10-27-43

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay Ferry Rd*

**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.**