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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22829**

FILED AUG 8 1944  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6674**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
St. Anthonys  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs.  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Orville Edward Berry

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

3. (c) Social Security No.....

4. Sex male 5. Color or race White

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

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

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

7. Birth date of deceased Sept. 26, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 10 2 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Joseph Berry

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

14. Maiden name Loretta Haas

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Berry

(b) Address 9325 Rambler Drive

17. (a) burial (b) Date thereof 7/31/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons  
(b) Address 7027 Gravois

19. (a) JUL 30 1944 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Affton  
(If outside city or town limits, write "RURAL")

(d) Street No. 9325 Rambler Drive  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Lobar pneumonia

primary

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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 3

23. Signature Thomas F. Callahan (M. D. or other).....  
Address Deputy Coroner Date signed 7-29-44

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**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

*C. P. Kidwell*

Licensed Embalmer No.

*3877*

P. O. Address

*7027 Travis*

**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.**