

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31563

FILED OCT 14 1946
318

Primary Registration District No. Registrar's No. 8442

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5949 Brentwood Cates
(d) Length of stay: In hospital or institution 63 years
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5949 Cates
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William A. Berry
3. (b) If veteran, name war World War I
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29
year 46 hour 10 minute A. M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 11 1883

21. I hereby certify that I attended the deceased from 9, 1946, to 29, 1946; that I last saw him alive on 29, 1946; and that death occurred on the date and hour stated above.
Immediate cause of death.

8. AGE: Years 63 Months 5 Days 18
9. Birthplace St. Louis Mo
10. Usual occupation Recreation

Coronary Thrombosis
Diabetes
Due to Diabetes
Other conditions 61
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name Charles W. Berry
13. Birthplace St. Louis Mo
14. Maiden name Ellen D. Handbridge
15. Birthplace Warrenton Mo

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Leslie Berry
(b) Address 4020 Lee Ave
17. (a) Buried (b) Date thereof 10-2-46
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Sam Miller
(b) Address 5041 Delmar
19. (a) OCT 1 1946 (b) J. F. Bredeek

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) 3
(e) Means of injury 3
Signature Patricia Taylor DePue
Address 1300 Clark

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

FEB 20 1941

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed..... *W. Campbell*

Licensed Embalmer No. *3881*

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.