S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

40946

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 398

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42136
Registrar's No. 10543

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin 991
(c) City or town Ziegler
(If outside city or town limits, write "RURAL")
(d) Street No. 511 S. Pine St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAZEL MACKLIN BERRY
3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Berry
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased October (Month) 6 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	1	29	hr. min.

9. Birthplace Worden (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business

FATHER
12. Name Macklin E. Berry
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ida May Pieper
15. Birthplace Worden (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Iona Berry
(b) Address Edwardsville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Worden, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 9 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1946 hour 11 minute — P.M. A.M.
21. I hereby certify that I attended the deceased from Nov 4 1946, to Dec 5 1946 that I last saw him alive on Dec 5 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	8 days
Due to Post-Operative Carcinoma of Pancreas	18 days 4 months
Due to	
Other conditions (Include pregnancy within 3 months of death) Rheumatic Heart Dis	?
Major findings: Of operations Small Intestinal Obstruction Carcinoma of Pancreas	
Of autopsy Arteriosclerotic Heart Dis. Biliary Cirrhosis; Bile Nephrosis	

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
23. Signature J R Bradley (M. D. or other)
Address Barnes Hospital Date signed 12-6-46

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1948

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105443

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.