S. No. 2
1—12-45
. 5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10547

FILED MAR 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2809

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: 5216 Colombia 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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000 13 17

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

(d) Street No.: 5216 Colombia Ave 9 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Louis Joseph Berra

3. (b) If veteran, name war: No

3. (c) Social Security No.: 498-03-4897

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Marie Alina

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

7. Birth date of deceased: May 26 1893 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 19 If less than one day hr. min.

9. Birthplace: Italy (City, town, or county) St Louis Mo (State or foreign country)

10. Usual occupation: Labor Foreman

11. Industry or business:

12. Name: Louis Berra

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

14. Maiden name: Theresa Berra

15. Birthplace: Italy (City, town, or county) (State or foreign country)

16. Informant: Mrs M. Berra

17. Address: 5216 Colombia Ave

18. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 18 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: New St Peter + Paul

(d) Signature of funeral director: Paul C Calcaterra

(e) Address: 5142 Daggett Ave

19. (a) MAR 17 1947 (Date received local registrar) (b) J. F. Brodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2/8 1947 to 3/15 1947 that I last saw him alive on 3/14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Carcinoma of Cardiac, fundus, esophagus

Due to: Cancer

Primary site not known

Other conditions (Include pregnancy within 3 months of death): 55

Major findings:
Of operations: As above

Of autopsy: As above + histologically proven squamous cell Ca

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: L. A. McCullough (M. D. or other)

Address: 216 S. Kingshighway Date signed: 3/17/47

(Licensed Embalmer's Statement on Reverse Side)

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 K. 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.

Be

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2809

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Louis Joseph Berra, died ~~born~~ 3-15-1947, 19...., in the State of
Missouri, and which was filed at St. Louis, Mo. on 3-17-47, 19...., should be corrected as follows:

Item No. 9 should read St. Louis, Missouri
Instead of Italy

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maria Berra WIFE
Relationship.

5216 Columbia Ave
Present Address.

Subscribed and sworn to before me this 9 day of March, 1948.

My Commission expires My Commission Expires October [illegible], 19[illegible] Mario C Mamato Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
X36929