

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) ABOUT 7 YEARS

3: (a) PRINT FULL NAME Thomas Berry

3. (b) If veteran, name war NONE 3. (c) Social Security No. 429-07-3402

4. Sex MALE 5. Color or race NEGRA 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased 1-12-1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Car Johnson
 (b) Address 2401 CORA AVE

17. (a) BURIAL (b) Date thereof 10-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Bennie Love
 (b) Address 3103 WASHINGTON

19. (a) OCT 30 1948 (b) J. B. Casata
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2401 CORA
(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 1948 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct. 21 1948 to Oct. 26 1948
 that I last saw him alive on Oct. 26 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease
 Due to Undetermined
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy No

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)
 (a) Means of injury fall

23. Signature Docor Daniels (M. D. or other) _____
 Address 2601 N Whittier Date signed 10/26/48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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.....

W. Claude Jordan

Licensed Embalmer No.....

3483

P. O. Address.....

City

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.