

FILED SEP 2 1949
#95278

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27862 State File No.
1003
318 REG. DIST. NO. PRIMARY REG. DIST. NO.
7472 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 1495 Arlington Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) c. (Last) BERRY			4. DATE OF DEATH (Month) (Day) (Year) August 26th, 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 5-1892
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plating & Polishing		10b. KIND OF BUSINESS OR INDUSTRY Arlington Ptg.	11. BIRTHPLACE (State or foreign country) Leeper Mo
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Phillip Berry		13b. MOTHER'S MAIDEN NAME Margaret Livingston Orlean Berry	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Orlean Berry	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Gallbladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46th	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1.550X			
22. I hereby certify that I attended the deceased from 8/4/49 to 8/26/49 , 19___, that I last saw the deceased alive on 8/26/49 , 19___, and that death occurred at 11:30am m., from the causes and on the date stated above.			
23a. SIGNATURE Carroll Heidner M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 8/26/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-49	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 29 1949 J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE H. Leidner U.	
ADDRESS 2223 St. Louis Ave.			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John P. Buchholz*

Licensed Embalmer No. *1174*

P. O. Address *4223 St. Louis Ave*

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.