

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6238
Registrar's No. 1343

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1343			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herguson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9, 1952</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>7547 Rowles Av.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u> Ruth </u>		b. (Middle) <u> M </u>		c. (Last) <u> Berry </u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 16, 1911</u>		9. AGE (In years last birthday) <u>40</u> 1 YEAR <u>10</u> MONTHS <u>24</u> DAYS			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Green County Arkansas, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Fogeland</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Chadwick</u>		13c. NAME OF HUSBAND OR WIFE <u>Thomas Berry Ann</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Rev. S. J. Summers 6307 W. Lamar</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma from Stomach</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach</u>				3-4 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				DUE TO (c) _____				None	
19a. DATE OF OPERATION <u>Nov 26, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Large Ulcer of Stomach (Carcinoma!)</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Louis, Mo.</u>		21f. HOW DID INJURY OCCUR? <u>151X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY, OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 12, 1951</u> to <u>Feb 9, 1952</u> , that I last saw the deceased alive on <u>Feb 9, 1952</u> , and that death occurred at <u>5:35 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Glenn Wedgert, M.D.</u>		23b. ADDRESS <u>457 N. Kings Highway</u>		23c. DATE SIGNED <u>2/9</u>					
24a. NAME OF HOSPITAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 13 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gull-Campbell Mortuary</u>		ADDRESS <u>4215 Lindell</u>			

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

R. E. Campbell

Licensed Embalmer No.

3881

P. O. Address

St. Louis 8 Mo

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.