

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21740

State File No.

FILED JUN 27 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5338

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 5338	
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, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 627 Edmond ave.					
3. NAME OF DECEASED (Type or Print) GUY		a. (First)		b. (Middle)		c. (Last) BERRY		4. DATE OF DEATH (Month) (Day) (Year) JUNE 8, 1952	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-31-1881		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rock mason retired			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Berry			13b. MOTHER'S MAIDEN NAME Anna Kauffman			14. NAME OF HUSBAND OR WIFE Georgie Berry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 717-16-3165		17. INFORMANT'S SIGNATURE OR NAME Georgie Berry, 627 Edmond ave.					ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Loenneck's Cirrhosis of Liver</i>						INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5811					
22. I hereby certify that I attended the deceased from 6-3-52, 19__, to 6-8-52, 19__, that I last saw the deceased alive on 6-8-52, 19__, and that death occurred at 8:20A m., from the causes and on the date stated above.									
23a. SIGNATURE <i>F.J. Catanzaro M.D.</i>				(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-11-52		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City; town, or county) (State) St. Louis; Mo.			
DATE REC'D BY LOCAL REG JUN 10 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE Rowland, 4104 Manchester ave.				

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O. Yalunke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.