Form No. 300 FILED OCT 14 1952
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32089

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO
c. LENGTH OF STAY (in this place): 3 MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CEDAR GROVE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HIGH RIDGE. Mo
d. STREET ADDRESS (If rural, give location): Meramec Township 0500

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): KATHERINE
c. (Last): BERRY

4. DATE OF DEATH (Month) (Day) (Year): 9 - 26 - 1952

5. SEX: F.
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: OCT. ?
9. AGE (In years last birthday): 69 — 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): WAITRESS
10b. KIND OF BUSINESS OR INDUSTRY: CAFATERIA
11. BIRTHPLACE (State or foreign country): ST LOUIS Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown Merkle
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: JOHN C. BERRY (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 489-05-5886
17. INFORMANT'S SIGNATURE OR NAME: [signature] ADDRESS: High Ridge Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive, arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: ? one year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — one year +
DUE TO (c) Cerebral arteriosclerosis with psychosis ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ulcer, dorsum left foot, due to ischemia — 30 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2, 1952, *to* Sept 26, 1952, *that I last saw the deceased alive on* Sept 17, 1952, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas A. Donnell M.D.
23b. ADDRESS: DeSoto, Mo
23c. DATE SIGNED: 9-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (1)
24b. DATE: 9/27/52
24c. NAME OF CEMETERY OR CREMATORY: Bethany Cem.
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: Kathleen Marsden 141
25. FUNERAL DIRECTOR'S SIGNATURE: John H. Brunner ADDRESS: House Springs

(Licensed Embalmer's Statement on Reverse Side)

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

0500 4

De Soto

Dr. Thos. Donnell

+ -1.52

OCT 31 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED OCT 7 1952

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address Festus Springs 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.