

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34592**

FILED OCT 2 - 1953

| | | | | | | | | |
|---|--|--|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2300</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: 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>NORMANDY</u> | | c. LENGTH OF STAY (In this place) <u>1YR & 7MO</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLACK # 200</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'SULLIVAN NURSING HOME</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2710 ENDICOTT</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>JANE</u> c. (Last) <u>BERRY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 24 1953</u> | | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>JAN 5 1868</u> | | 9. AGE (In years last birthday) <u>85</u> | If UNDER 1 YEAR Months | If UNDER 1 HRS. Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>LACROSSE KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>DAVID A WITROW</u> | | | 13b. MOTHER'S MAIDEN NAME <u>JANE NEIS</u> | | 14. NAME OF HUSBAND OR WIFE <u>EDWARD LOUIS BERRY (DEAD)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES HENRY SMILES 2635 ENDICOTT</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, assthenia, 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>Acute Cardiac Failure</u> | | | | | | <u>Hours.</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cholecystitis</u> | | | | | | <u>Months.</u> | |
| | DUE TO (c) _____ | | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> | | | | | | <u>3 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 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) | | | | |
| 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? | | | | |
| 22. I hereby certify that I attended the deceased from <u>1948</u> to <u>24 Aug</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>24 Aug</u> , 19 <u>53</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Paul R. Whitener M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>8923 Midland, St. Louis (U) Mo</u> | | | 23c. DATE SIGNED <u>25 Aug 1953</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>8-27-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG. <u>8-25-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul H. H. ...</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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



Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.