

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23471**  
Registrar's No. **5746**

FILED AUG 2 - 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Of The Friendless</b>		e. STREET ADDRESS (If rural, give location) <b>15 4431 So. Broadway 215/0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSAN</b> b. (Middle) c. (Last) <b>BERRY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1955</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Sept. 19, 1861</b>
9. AGE (In years last birthday) <b>93</b>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Dressmaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own business</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Palbot County, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Frederick Berry</b>	
13b. MOTHER'S MAIDEN NAME <b>Susan Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Never married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Home Of The Friendless</b>		ADDRESS <b>4431 So. Broadway</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Septicemia 2° to</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decubitus ulcer - sacrum</b> <b>3 mo</b>		DUE TO (c) <b>Generalized Arteriosclerosis</b> <b>10 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			
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? <b>715 X</b>	
22. I hereby certify that I attended the deceased from <u>June 1</u> , 19 <u>55</u> , to <u>July 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 29</u> , 19 <u>55</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John B. Shopleigh</b>		23b. ADDRESS <b>M.P. 3720 Washington, St. Louis</b>	23c. DATE SIGNED <b>7/5/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 6, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Jul 5 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary</b> <b>6464 Chippewa St., St. Louis, Mo.</b>	

*m.j.B.* (Licensed Embalmer's Statement on Reverse Side)

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

Dr. John B. Shapleigh  
3720 Washington Ave.

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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.....  
Signature of Student Embalmer

Signed *Harry J. Schemm*.....  
Licensed Embalmer No. *2679*.....

P. O. Address *7014 Broadway*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.