

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2925

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... St. Louis Primary Registration District No. 1003
City..... St. Louis (No. Baptist Hospital) St. (Ward)

File No.
Registered No. 511
St. (Ward)

2. FULL NAME

Harry J. Berry
(a) Residence. No. 8825 Warren av. St., 11 Ward. St. Louis 08 Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Christ A. Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Elliot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illa.
(STATE OR COUNTRY)

14. INFORMANT Christ A. Berry
(Address) 8825 Warren av.

15. FILED 15 1928 May C. Storkoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 13 1928 to Jan 14 1928
that I last saw him/her alive on Jan 13 1928, and that death occurred, on the date stated above, at 12:09 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
121B
127.B (duration)..... yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) Appendicitis Acute
(duration)..... yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-13-28
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Surical
(Signed) A. L. Meador, M. D.

(Address) 23034 Salisbury

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles DATE OF BURIAL Jan 16 1928

20. UNDERTAKER Thos. Hutis ADDRESS 2906 Epworth

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

