WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

7275

1. PLACE OF DEATH

County..... Registration District No. 1901 File No.....

Township..... Primary Registration District No. 108 Registered No. 2257

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Carrie A. Berry

(a) Residence. No. 1004 Bates St. St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	7	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Elias Argo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Alma Cypp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

14. INFORMANT Lewis Berry (Address) 1004 Bates St.

15. FILED FEB 29 1928 Mae C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1924, 19 28 to Feb 27, 19 28 that I last saw h...er alive on Feb. 27, 1928, 19..., and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

548
1976
1162 Acute Gastrectasis (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Hysterectomy Operation for non Malignant Fibroid Uterus (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 22/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. A. VanHoefen, M. D

2/29, 19 28 (Address) 8313 Halls Ferry

*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	DATE OF BURIAL
Warrenburg, Mo.	Mar. 1, 1928
20. UNDERTAKER	**ADDRESS**
Grehmann Hanal	1905 Union

Mr. Van Proffers

8313. Halls Ferry Rd

~~Colfax 0541~~

Evergreen 0541

9-12 AM 7-8 PM