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

Do not use this space.

8120

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1772

City ST.LOUIS,MO. (No. 1224 S.NINTH.ST. ..... St. ..... Ward)

2. FULL NAME JAMES A. BERRY

(a) Residence. No. 1224 S.NINTH ST. St., 25 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)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 6, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work LABORER

(b) General nature of industry, business, or establishment in which employed (or employer) MINING

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST.LOUIS.
(STATE OR COUNTRY) MO.

PARENTS

10. NAME OF FATHER GEORGE S.BERRY

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

12. MAIDEN NAME OF MOTHER SEMANTHA HURST

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

14. INFORMANT Ethel Lain
(Address) 1224 S. 9th St.

15. FILED ..... 6 1929 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB. 5th. 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15 1929 to Febuary 5th, 29 that I last saw him alive on June 5th 1929, and that death occurred, on the date stated above, at 12:40. P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis 931

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 906

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. F. Kloeppel, M.D

2/6/29 (Address) 905 Morrison av.

*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 VALHALLA CEMETERY

DATE OF BURIAL FEB. 7 1929

20. UNDERTAKER Robert J. Lambert

ADDRESS 429 N. Euclid

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.