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.

MAR 25 1932

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

Do not use this space.

5972

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 B — Registered No. 43

City ..... (No. 2635 Edgar Ave. St. ..... Ward)

2. FULL NAME Edward L. Berry.

(a) Residence, No. 2635 Edgar Ave St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carrie J. Berry.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1866

7. AGE: YEARS 65 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manchester Missouri.

FATHER

13. NAME: Edward L. Berry.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Dont know 31

MOTHER

15. MAIDEN NAME: Mary Louis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Don't know

17. INFORMANT (ADDRESS): Mrs Carrie J. Berry. 2635 Edgar Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weslyn Cem. DATE Feb. 4 1932

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 2-3-1932 Golla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Feb 2nd, 1932
I last saw him alive on Feb 1st, 1932 Death is said to have occurred on the date stated above, at 6.10 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset: One year

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) T B Mansfield, M. D.
(Address) 8900 Bristol

Dr. [illegible] Morgan
8900 Grantown Av.

Mob 356.