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.

AUG 29 1932

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

Do not use this space.

24058

1. PLACE OF DEATH

96 County St Louis — Registration District No. 1123 — File No. 241

Township CARONDELET — Primary Registration District No. 6248 G — Registered No. 241

City ..... (No. Gravois & McKenzie Rd St. ..... Ward)

2. FULL NAME August Joseph Berry Sr.

(a) Residence, No. Rt #1 R.F.D. Affton St., ... Ward. Affton 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. ..... 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): Widowed

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

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

7. AGE: YEARS 65 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Himself 5
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): Alsace - Lorraine

FATHER

13. NAME: Joseph Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace France

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Joseph Berry Rt #1 Affton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Pauls Cem DATE July 21, 1932

19. UNDERTAKER (ADDRESS): C. Hoffmeister H. & L. Co. 7814 So Broadway

20. FILED 7/19, 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1929 to July 18, 1932

I last saw h. M alive on July 17, 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1928
82A	
82D	
97	
Other contributory causes of importance:	
Hemiplegia	1928
arteriosclerosis	1926

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Andrew Youngman, M. D.

(Address) Sappington Mo

x