

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

Do not use this space.

10746

File No. 2582
Registered No. 2582
St. _____ Ward _____

APR 25-1934

PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **4045 Delmar**)

2. FULL NAME **Curley Berry**
(a) Residence, No. **4045 Delmar** St., **19** Ward. (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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 28 1880**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Reader**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Cooperage Co**
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) **Mo**

13. NAME **Jim Berry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME **Do**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Do**

17. INFORMANT (ADDRESS) **Fred Kelling**
2119 - 67th St

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **3-15-1934**

19. UNDERTAKER (ADDRESS) **A Ellis**
5224 Delmar

20. FILED **J. J. Brudick** Registrar.
APR 11 1934

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 12 1934**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on **2-15-1934**, 19____. Death is said to have occurred on the date stated above, at _____.

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

**Salmonella Typhimurium
infection of liver
Chronic Interstitial Nephritis**

Date of onset

Other contributory causes of importance:

**23A
12-1-1931
1931**

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? **D**

If so, specify _____

(Signed) _____

(Address) _____

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.

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