

NOV 2 1935

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

Do not use this space.

31393

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *5617*, *Gresham*)..... St. Ward)

File No.
Registered No. **8232**
St. Ward)

2. FULL NAME

Charles O. Berry
(a) Residence, No. *5617 Gresham* St. *2* 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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Caroline Berry</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 9 1879</i>		
7. AGE	YEARS <i>87</i>	MONTHS <i>10</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Meter Inspector</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Lacked Gas Co.</i>	
	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) <i>Stockholm Sweden</i>		
FATHER	13. NAME <i>Unknown Berry</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Sweden</i>	
	15. MAIDEN NAME <i>Unknown</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Sweden</i>	
	17. INFORMANT (ADDRESS) <i>Alice A. Goodpasture 5617 Gresham St</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>A. Vickers</i> DATE <i>Oct 1 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Will Bros & Co. 2929 S. Jefferson Ave</i>		
20. FILED SEP 30 1935 19 <i>J. F. Thebeck</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 29 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 19 1935* to *Sept 28 1935*
I last saw him alive on *Sept 28 1935*. Death is said to have occurred on the date stated above, at *7:45 a.m.*
The principal cause of death and related causes of importance were as follows:
Hardening of Arteries
Date of onset

Other contributory causes of importance:
Scurvy

Name of operation..... Date of.....
What test confirmed diagnosis? *Symptoms* 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) *J. D. Thurston*, M. D.
(Address) *875 3 Page*

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.

