

SEP 25 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31808

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township Clayton

Primary Registration District No. 6033a

City Clayton

(No. St. Louis Co. Hospital)

File No.

Registered No. 289

St. _____ Ward)

2. FULL NAME Frank Berry

(a) Residence, No. 409 Thomas Ave. St. _____ Ward.

(Usual place of abode)

Ferguson

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 Anna Berry (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1874

7. AGE YEARS 63 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

13. NAME Frank Berry

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

15. MAIDEN NAME Addie Zimmerman

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Anna Berry (ADDRESS) 409 Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Aug 26 1937

19. UNDERTAKER Drehman, Harold (ADDRESS) 1905 Union

20. FILED 8/24 1937 Dr. A. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/18/37, 1937, to 8/23/37, 1937.

I last saw him alive on 8/23/37, 1937. Death is said to have occurred on the date stated above, at 7:00 in P.M.

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

Chr. Myocarditis & Congestive Heart Failure

Date of onset

Other contributory causes of importance:

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 _____, 1937

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) Dr. W. H. Jones M. D.

(Address) St. Louis Co. Hospital

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.

