

FEB 16 1938

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

4063
Do not use this space.

1. PLACE OF DEATH ⁹⁶
(a) County St. Louis Registration District No. 1170
(b) Township Johnson Primary Registration District No. U 248-H Registered No. 266
(c) City Richmond Heights (d) Street No. St. Morris Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louisa Matthews Berry 600
(a) Residence, No. 303 W. Lockwood St. Webster Groves
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. R. Berry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1854
7. AGE YEARS 83 MONTHS - DAYS 27 If LESS than 1 day, hrs. min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1937, to Dec 20 1937
I last saw her alive on Dec 20 1937. Death is said to have occurred on the date stated above, at 5:20 m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

Carcinoma of Ovary - fracture of femur - into traction - fall in the room.
Date of onset 7/39
12/7/39

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

Other contributory causes of importance: Arteriosclerotic changes - many years

FATHER 13. NAME James Lawrence Matthews
14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

Name of operation Removal of all of carcinoma possible Date of 12/9/37
What test confirmed diagnosis microscopic exam. Was there an autopsy? No

MOTHER 15. MAIDEN NAME Mary Francis Butler
16. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/7, 1937
Where did injury occur? in her room - fallen floor (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in her room - when she got out of bed
Manner of injury without help, fell on
Nature of injury floor - fracture femur

17. INFORMANT (ADDRESS) A. Beardsley
303 W. Lockwood Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE Dec 22 1937

19. FUNERAL DIRECTOR (ADDRESS) Parker Land Co
Webster Groves Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. H. Gaudin, M. D.
(Address) 17 E Lockwood Ave

20. FILED Dec. 21, 1937 Sam A. Bassett
Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every name or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

Corn B Lang

Licensed Embalmer No. *1581*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by.....
working under my personal supervision.

Registered Apprentice No.....

Signed.

Corn B Lang

Licensed Embalmer No. *1581*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)