

REC'D MAY 10 1938

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

13377  
 Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **3981**

(c) City..... **St. Louis** (d) Street No. **2601** **N Whittier** St.

(e) Length of residence in city or town where death occurred **17** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph Berry**

(a) Residence, No. **5 Clark Avenue** St. **22** (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1871**

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

**67 2 29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

13. NAME **Robert Berry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Belle Clay**

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

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **4-6** 1938

19. FUNERAL DIRECTOR (ADDRESS) **W Richter**  
**3500 Rutger St**

20. FILED **J. D. Brudick** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30** 19**38**22. I HEREBY CERTIFY, That I attended deceased from **March 25**, 19**38** to **March 30**, 19**38**I last saw him alive on **March 30**, 19**38** Death is said to have occurred on the date stated above, at **3:13a** m.

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

**Carcinoma of stomach**Date of onset  
**3/25/38**

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? **clinical** 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) **J. D. Brudick** M. D.  
(Address) **2601 N Whittier**

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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**