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

Do not use this space.

37671

File No.

Registered No. 9510

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Bernard Skin & Cancer Hospital Ward)

Registration District No. 7019

Primary Registration District No. 1708

2. FULL NAME John H. Berry

(a) Residence, No. 4521a Red Bud Ward.
(Usual place of abode)

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15th, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	1	21	

OCCUPATION

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

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) (STATE OR COUNTRY) Oakton, Ky.

FATHER

13. NAME Benj. M. Berry

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

MOTHER

15. MAIDEN NAME Eldora Fowlkes,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mayme Berry,
(ADDRESS) 4521a Red Bud Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakton, Ky. DATE Nov. 8th, 1939

19. UNDERTAKER Hy. Leidner Und. Co.
(ADDRESS) 1417 N. Market Street

20. FILED NOV 7 1939 J. F. Budich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1939, to Nov. August 6, 1939.
I last saw him alive on 11/6/39, 1939. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx,	
Metastasis to neck	
Oedema of larynx	11/5/39

Other contributory causes of importance:
Asphyxia

Name of operation Tracheotomy Date of 11/6/39
What test confirmed diagnosis? Biopsy Was there an autopsy?

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) Gene B. Stockhoff, M. D.
(Address) Barnard Skin & Cancer 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Homer L. Ponder
3367
2223 St. Louis ave