

Registration District No. **791** Primary Registration District No. **1003**

**I. PLACE OF DEATH:**

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community 30 years  
years, months or days)

8. (a) PRINT FULL NAME Elizabeth Berry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased Dec. 14 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 13 If less than one day            hr.            min.

9. Birthplace Ballard County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Savannah Reynolds  
(b) Address 4204 San Francisco ave.

17. (a) Burial (b) Date thereof June 30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director P.W. Roberts  
(b) Address 3035 Lucas ave

19. (a) JUN 29 1940 (b) [Signature]  
(Date received) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County             
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3421 A Lawton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A?            years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 27  
year 1940 hour 6:45 minute A.M.

21. I hereby certify that I attended the deceased from June 11 1940 to June 27 1940;  
that I last saw her alive on June 27 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & Hypertension 6-8yrs

Due to             
Due to           

Other conditions             
(Include pregnancy within 3 months of death)

Major findings:             
Of operations           

Of autopsy           

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)             
(b) Date of occurrence           

(c) Where did injury occur?            (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?           

While at work?            (Specify type of place) (e) Means of injury           

23. Signature H.J. Lyman (M. D. or other)  
Address 2601 N. Whittier Date signed           

Duration 6-8yrs  
PHYSICIAN             
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Chas. Gaines, Registered Apprentice No. 2349  
working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**