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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5668

State File No. ....

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1916

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community 36 years  
years, months or days)

3. (a) PRINT FULL NAME Joseph Berry

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced? M

6. (b) Name of husband or wife Minerva Berry 6. (c) Age of husband or wife if alive? ? years

7. Birth date of deceased February 25, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>25</u>	hr. min.

9. Birthplace Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Sexton

11. Industry or business Church

12. Name Henry Berry

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

14. Maiden name  
15. Birthplace Lizzie Brown Unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence A Spotts

(b) Address Homer G. Phillips Hospital

17. (a) (b) Date thereof 2-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weymouth

18. (a) Signature of funeral director J. H. Breckler

(b) Address

19. (a) FEB 28 1941 (b) J. H. Breckler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1385 Goodfellow  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1941 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from February 14, 1941 to February 20, 1941  
that I last saw him alive on February 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, caused by arterio sclerosis

Due to.....  
Due to.....

Other conditions 97  
(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 5

23. Signature J. H. Breckler (M. D. or other)  
Address 2600 Webster Date signed.....

Duration

Inder.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.**