

No. 2  
-13-40  
17-39  
X2315

MAR 19 1941

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City, Mo.  
(c) Name of hospital or institution:  
7258 Forsythe Blv'd.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(d) Street No. 7258 Forsythe Blv'd.  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Stella Newman Berry

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles E. Berry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 28 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name George W. Newman

13. Birthplace Onadaga Co., New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Young

15. Birthplace Oswego Co., New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph L. Berry

(b) Address 7258 Forsythe

17. (a) Removal (b) Date thereof March 15  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandusky - Iowa.

18. (a) Signature of funeral director C.R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.

19. (a) MAR 14 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1941 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from 1936  
to Mar 12, 1941;  
that I last saw him alive on Mar 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema  
Due to Acute cardiac failure  
Due to Myocardial degeneration  
Other conditions: Diabetes  
(Include pregnancy within 3 months of death)

Duration  
1 day  
3 mo.  
5 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations 6/  
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? \_\_\_\_\_

7:17 AM  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 5427 Delmar Date signed \_\_\_\_\_

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

MOTHER FATHER

Dr. Robert Basseyt

5427 Belmar

DO-0392

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**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.....

*Clarence A. Murray*

Licensed Embalmer No.....

4011

P. O. Address.....

*St. Louis, Mo.*

**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.**

TR  
5225  
1946