

JAN 9 1942

Registration District No. 784

Primary Registration District No. 109

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
24 hours
(d) Length of stay: In hospital or institution 24 hours
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME LAURA V. BERRY

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased May 11, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 20 hr. min.

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

10. Usual occupation housework
at home

11. Industry or business

12. Name James Weaver

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

14. Maiden name unknown

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

16. (a) Informant H.G. Baur (son-in-law)

(b) Address 7935 Pembroke Av. Maplewood, Mo.

17. (a) Burial (b) Date thereof 1-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manchester, Missouri

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JAN 2 - 1942 (Date received local registrar) (b) A.W. McLaughlin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7935 Pembroke Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1941 hour 9 minute 30 pm.

21. I hereby certify that I attended the deceased from Oct 31st
1941 to Dec 17 1941
that I last saw h. alive on Dec 31st and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chronic albuminuria

Due to
Due to

Other conditions Dropsy rheumatoid arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury
23. Signature Viola B. Sturmer (M.-D. or other) D.O.
Address 7310 Manilla Date signed 1-2-42

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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.....

Ralph C. Linders....., Registered Apprentice No. *281*
working under my personal supervision.

Signed *Paul A. Keith*.....

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.