

FILED MAR 16 1942

Registration District No. **104**

Primary Registration District No. **200**

Registrar's No. **574**

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

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mother of Goodheart Counsel Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 1/2 days  
(Specify whether years, months or days)  
 In this community 76 yrs 2 mos 29 das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
 (c) City or town Carsonville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3920 Lillian Ave  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mollie Berry

3. (b) If veteran, name war no 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 Charles M. Berry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 6, 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

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

12. Name John Drumm

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

14. Maiden name Bridget Golden

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

16. (a) Informant Mrs. Josephine A. King

(b) Address 6344 Lena

17. (a) burial (b) Date thereof 3-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St. Louis Ave

19. (a) MAR - 6 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
 year 1942 hour 8 minute 25A M.

21. I hereby certify that I attended the deceased from 26th  
Dec. 19 41 to March 5 1942;  
 that I last saw her alive on March 3rd 19 42  
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric cancer.  
Inanition, caused by complete shut-  
off, with metastasis into all  
surrounding structure.  
Secondary; Exploratory at St.  
Louis County hospital.  
 Due to Case considered inoperable last  
January, Ca., anemia;  
Toxemia; myocardial failure.

Duration

PHYSICIAN

Major findings: Died in home of  
Incurables.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
 Address 3718 Jennings rd. Date signed 3/5/42

---

---

**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

*Charles G. ...*  
1-447  
Licensed Embalmer No. *2777*  
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.**