

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 7 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2956a Dickson
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leroy Berry

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

4. Sex 2 male 5. Color or race negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)
7. Birth date of deceased Feb 24 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Berry
13. Birthplace St. Louis mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Tolles
15. Birthplace St. Louis mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant James Berry
(b) Address 2956 Dickson

17. (a) Burial (b) Date thereof Apr. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home of England Ind. Co

18. (a) Signature of funeral director _____
(b) Address 2931 W. Main Ave.

19. (a) APR 1 1942 J F Fredericks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16,
year 1942 hour _____ 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 16, 1942 to March 16, 1942; that I last saw him alive on March 16, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 5 days

Due to _____

Due to _____

Other conditions (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) _____ (e) Means of injury 11

23. Signature D Smaque (M. D. or other) _____
Address 26017 Whittier Date signed 8/27/42

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

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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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas Ave*

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.