S. No. 2
—9-4-
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P1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19376

State File No. 5948

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 19 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3414 Laclede
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Berry
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Berry
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 68 Months Days If less than one day hr. min.
Abt.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business —
FATHER 12. Name Unknown
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Carrie Berry
(b) Address 3414 Laclede Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) JUL 13 1942 (Date received local registrar) (b) J. F. Roebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9, year 1942 hour 6 minute 22 A. M.
21. I hereby certify that I attended the deceased from July 1, 1942 to July 9, 1942; that I last saw him alive on July 9, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. Lobar Pneumonia	Unknown
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 0
23. Signature P. E. Smith (M. D. or other)
Address 560 Whittier Date signed 7/9/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.