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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41834

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2583

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 12
(c) City or town St Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 Gregan Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Kathyrn T. Berryman

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive UNKN years

7. Birth date of deceased Sept 3rd, 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name James Minard
13. Birthplace Canada 2 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Fitzmaurice
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant James Berryman
(b) Address 1216 Gregan Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10th, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 N. Euclid Ave

19. (a) DEC 8 - 1942 (Date received local registrar) (b) E. G. McGuran M.C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th, 1942
year hour 7:45 p.m. minute M.

21. I hereby certify that I attended the deceased from Nov. 1, 1942 to Dec. 7, 1942
that I last saw her alive on Dec. 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Michael M. Karl (M. D. or other)
Address 3720 Washington Date signed 12-8-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Michael Karl
3720 Washington
Jeff 8498
3-5

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 Albert Mayfield

Licensed Embalmer No. 3077

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.