V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 46

FILED FEB 2 1943 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 772

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community ..... years, months or days) 4-days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 11 NR
(c) City or town East St. Louis, Ills (If outside city or town limits, write "RURAL")
(d) Street No. 2547 Waverly Ave (If rural, give location)
(e) Citizen of foreign country? ..... ~~(Yes or No)~~ no
If yes, name country 2

3. (a) PRINT FULL NAME Berry, Wallace Brian
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. (Month) 14 (Day) 1943 (Year)

8. AGE: Years — Months — Days 10 If less than one day ..... hr. ..... min.

9. Birthplace East St. Louis, Ills (City, town, or county) (State or foreign country)
10. Usual occupation Nile
11. Industry or business
FATHER
12. Name Harold W. Berry
13. Birthplace Flora Ills (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Parkersburg Ills
15. Birthplace Helen J. McDonald (City, town, or county) (State or foreign country)
16. (a) Informant Harold W. Berry
(b) Address 2547 Waverly Ave
17. (a) Flora, Ills (Burial, cremation, or removal) (b) Date thereof 1-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Flora, Ills
18. (a) Signature of funeral director A. H. Hopper Fun Serv
(b) Address 4704 Washington Blvd
19. (a) JAN 26 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24 year 43 hour 1 minute 45 p.m.
21. I hereby certify that I attended the deceased from 1-20-, 1943 to 1-24, 1943; that I last saw him alive on 1-24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage

Due to .....

Due to .....

Other conditions Acute Bronchiolitis (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 R. J. Blottner O (M. D. or other) .....
Address 580 South Kingsbury 2 Date signed .....

(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~~ not been Embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington Blvd

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.