V. S. No. 2
00M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11884

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4235

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 7

(c) City or town St. Louis, 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1420 Singleton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Birdella Berry

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race Col.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDDIE BERRYN

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased DEC. 4 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business SELF

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) ARK. (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) ARK (State or foreign country)

16. (a) Informant Eva Lopez
(b) Address 2713 Stoddard St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEM.

18. (a) Signature of funeral director Elmer E. Peters
(b) Address 3030 Bell Ave.

19. (a) MAY 6 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2, year 1943 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 14, 1943 to May 2, 1943 that I last saw her alive on May 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Luetic Heart Disease	Unk.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 5/3/43

(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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2118

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.