

FILED MAY 27 1943 818

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 4608

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town. St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5137 Washington Blvd. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 26 years (Specify whether 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. 5137 Washington Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME D. C. Wickliffe Berryman  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced. married  
 6. (b) Name of husband or wife. Daisy De Long Berryman  
 6. (c) Age of husband or wife if alive. 56 years  
 7. Birth date of deceased. July 29 1871  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>18</u>	hr. min.

9. Birthplace. Lexington Kentucky  
 (City, town, or county) (State or foreign country)

10. Usual occupation. Accountant

11. Industry or business. Self

12. Name. John Gerard Coster Berryman  
 13. Birthplace. New York N. Y.  
 (City, town, or county) (State or foreign country)

14. Maiden name. Helen Cooper  
 15. Birthplace. Lexington Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. D. D. Berryman  
 (b) Address. 5137 Washington Blvd.

17. (a) Removal (b) Date thereof. 5/18/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lexington, Kentucky

18. (a) Signature of funeral director. Wagoner Und. Co.  
 (b) Address. 3621 Olive St.

19. (a) MAY 18 1943 (b) J. F. Budeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 17 day.....  
 year. 1943 hour. 1:30 minute a.M.

21. I hereby certify that I attended the deceased from May 31 1939 to May 17 1943  
 that I last saw her alive on May 15 1943  
 and that death occurred on the date and hour stated above

Immediate cause of death. Cancer of lung  
 Duration about one year

Due to.....  
 Due to.....

Other conditions. Angina pectoris  
 (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)  
 (g) Means of Injury.....

23. Signature. Samuel B Grant (M. D. or other) MD  
 Address. 114 N. Taylor Ave Date signed 5/17/43

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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: *Neville R. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

**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.**