

FILED SEP 21 1943

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 8113

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 65 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town City of St. Louis 17  
(If outside city or town limits, write "RURAL") 91  
(d) Street No. 4147 Haven Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bryon B. Berry

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 Anna Berry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 5 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 1 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Fireman (retired 6 yrs)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Berry 9  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Calista Sinrueford  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Berry

(b) Address 4147 Haven

17. (a) burial (b) Date thereof 9-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) SEP 12 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1943 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from 9-12-43  
to Sept. 10-1943, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death  
Ch. of Volvulus of ileum  
Ch. myocarditis  
Due to \_\_\_\_\_  
Ch. nephritis  
Due to Paratyphoid typhus  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Volvulus of ileum

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 \_\_\_\_\_

23. Signature R. Berg (M. D. or other)  
Address 53 Webster Date signed 9/19/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 *Vincent L. Berryman*  
Licensed Embalmer No. *4018*  
P. O. Address *St. Louis, Mo.*

**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.**