

S. No. 2
M-5-43
v. 5-17-39
I X3667

FILED JAN 12 1944
318

1003

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1398 Blackstone Ave. /
(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

3. (a) PRINT FULL NAME Mary E. Berry

3. (b) If veteran, name war None

3. (c) Social Security No. N one

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Benjamin H. Berry

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

7. Birth date of deceased Sept. 11th., 1846
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>97</u>	<u>3</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name Henry Ellon

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Manula Smith

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

16. (a) Informant Mr. Charles H. Berry

(b) Address 5784 DeGiverville Ave.

17. (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Richard J. Nonnelly
3840 Linden Blvd.

(b) Address JAN 3 1944

19. (a) JAN 3 1944 (Registrar's signature) J. B. Bredack

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12

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

(d) Street No. 1398 Blackstone Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1944 hour 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1925, 19 _____, to _____, 1944.
that I last saw h. er alive on Jan - 1 -, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of Heart. 24 hrs

Due to Chronic Myocarditis 10 yrs

Due to _____ 4 yrs

Other conditions Cor. Nephritis

(Include pregnancy within 3 months of death)

Major findings: 1/2/1

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)

(e) Means of injury _____

23. Signature Maurice Q. Frankenthal (M. D. or other) 0

Address Histor. Bld. 4200 Blume Date signed Jan 2 1944

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Rindell

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.