

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1667

FILED MAR 1 1944
318 Primary Registration District No. _____

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (b) County 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5352 Maple Ave.
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leah Berry
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19 1944
year 1944 hour 3 25 minute P M.
21. I hereby certify that I attended the deceased from Nov. 17, 1943
Feb. 19, 1944 to _____ 19____
that I last saw her alive on Feb. 19, 1944 19____
and that death occurred on the date and hour stated above.

4. Sex female 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

Immediate cause of death
hypostatic pneumonia Duration 12 hours
arteriosclerotic heart disease
Due to _____
Due to _____

7. Birth date of deceased DECEMBER 21 1860
(Month) (Day) (Year)
8. AGE: Years 83 Months 1 Days 28
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)
Senile dementia
Major findings:
Of operations _____
Of autopsy None

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business _____
12. Name John Berry
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Ms Nancy Jane JOHNSON
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

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 Louis A Sweetman MD (M. D. or other)
Address 5800 Arsenal St Date signed 2-19-44

17. (a) BURIAL (b) Date thereof FEB 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WINCHESTER ILLINOIS
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 HAMILTON AVE.
19. (a) FEB 20 1944 (b) J. F. Hendrick
(Date received local registrar) (Registrar's signature)

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

Albert G. Hopp

Licensed Embalmer No.....

2971

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.