

S. No. 2
M-5-43
7. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **35657**
Registrar's No. **9974**

Registration District No. _____ Primary Registration District No. _____

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:
5339-Theodosia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 Years years, months or days)

3. (a) PRINT FULL NAME Robert T. Berryman
3. (b) If veteran, name war None **3. (c) Social Security** No. _____
4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Johannah **6. (c) Age of husband or wife if** 63 years
7. Birth date of deceased March 7 1867
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
77 8 15 hr. min.

9. Birthplace Piedmont Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Motorman
11. Industry or business Public Service
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mary J. Roth
(b) Address 1258-Hafner Pl-U. City, Mo.
17. (a) Burial Valhalla Cemetery **(b) Date thereof** 11-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Baumman Bros. Inc.
(b) Address 2504-Woodson Rd-Overland
19. (a) NOV 24 1944 **(b) J. T. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5339-Theodosia Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1944 hour 12:15 minute P. M.
21. I hereby certify that I attended the deceased from 11-20-44 to 11-20-44
that I last saw him alive on 11-20-44
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebritis
the myocarditis
Infirmitates of age
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) No
(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 L. A. Lansche (M. D. or other) M.D.
Address 4885 Natural Bridge **Date signed** 11-24-44

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

MOTHER FATHER

STIGS

[Faint handwritten notes and signatures]

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 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.