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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39155**
Registrar's No. **10651**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dora Berry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 3 female 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Roscoe 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec 24th 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 11 15 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____
12. Name George Whitfield
13. Birthplace Raymond Miss
(City, town, or county) (State or foreign country)
14. Maiden name Diana Marshall
15. Birthplace Raymond Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Luella Murdock
(b) Address 2903 W. Walnut St. Chicago Ill
17. (a) burial (b) Date thereof 12-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery
18. (e) Signature of funeral director J.H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) Dec 12 1944 (b) J. F. Budock
(Date received local registrar) (Registrar's signature)

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. 2601 N. Whittier St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9,
year 1944 hour 2 minute 40 M.
21. I hereby certify that I attended the deceased from December 7, 1944 to December 9, 1944,
that I last saw her alive on December 9, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Infarction
Due to Coronary Heart Disease
Duration: Terminal
Unk.

Due to _____
Other conditions _____
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Luella Murdock (M. D. or other) _____
Address 2601 N. Whittier St. Date signed 12/12/44

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 *S. J. Watson*.....

Licensed Embalmer No. *2698*.....

P. O. Address *2769 Chestnut*.....

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.