

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X367

FILED OCT 13 1945
Registration District No. 37

Primary Registration District No. 6676

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9931 Gravois /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas W. Berry

3. (b) If veteran, name war. X

3. (c) Social Security No. _____

4. Sex male / 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

7. Birth date of deceased January 25, 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 7 If less than one day hr. _____ min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph Berry

13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Warmbrodt

15. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Amalie Thompson

(b) Address 9931 Gravois

17. (a) burial (b) Date thereof 10/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director J. & Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 10-6-45 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Affton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9931 Gravois 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2
year 1945 hour 6AM minute _____ M.

21. I hereby certify that I attended the deceased from 5-1 1940 to 10-2 1945
that I last saw him alive on 10-1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration inst

Due to Chronic alcoholism 15 yrs.

Due to Chronic nephritis 10 yrs.

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature Walter F. Kelly (M. D. or other) _____
Address 9915 Gravois Date signed 10/3/45

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

76
0
0

MOTHER FATHER

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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *7027 Gravois*

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.