V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1925

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 3921

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 73

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town South Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Brennan and Carson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERRY, Iowa Idaho
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvester Berry
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None

MOTHER FATHER
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Husband: Sylvester Berry
(b) Address Brennan and Carson, S. Kinloch
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 10 45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk. Cem.
18. (a) Signature of funeral director Boyd Bros Funeral Home
(b) Address Lee & Stance So. Kinloch Mo.
19. (a) 1-11-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1946 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan. 3, 1946 to Jan. 5, 1946 that I last saw her alive on Jan. 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration
Due to 10107
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? Means of injury

23. Signature [illegible] (M. D. or other)
Address 601 Brentwood Clayton Date signed 1/8/1946

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1946

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 James A Dwoon

Licensed Embalmer No. 3522

P. O. Address 3704 Finney Ave

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.