

S. No. 2  
MOM-5-43  
ev. 5-17-39  
1 X38671

**FILED SEP 3 1946**  
Registration District No. **3186**

Primary Registration District No. **1003**

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

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:  
5784 DeGiversville Ave.  
(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)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Adrienne D. Berry

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles H. Berry

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr. 16 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Dunn

13. Birthplace Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Ina Power

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Berry

(b) Address 5784 DeGiversville Ave.

17. (a) Burial (b) Date thereof 8-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 27 1946 J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5784 DeGiversville Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/16 1946 to 8/26 1946  
that I last saw her alive on 8/26/46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular  
dissection

Due to Same

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature See above (M. D. or other) MD

Address 1125 Blount Date signed 8/27/46

Dr. Pierce Reilly,  
6125 Bartmer, Ave.  
(Ca. 5187)

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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 Warren A. Carver  
Licensed Embalmer No. 3534  
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.