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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 2 1946 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38390  
State File No. 202349

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 0013

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

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. 4038 Westminister Pl. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Ruth Berry  
(b) If veteran, Nil name war. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Nathan Berry  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 23 1893 (Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Comanche Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Samuels Shoe Co.

12. Name John C. Guest

13. Birthplace Unknown Brown (State or foreign country)

14. Maiden name Unknown Brown (City, town, or county) (State or foreign country)

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

16. (a) Informant Rachel Newell

(b) Address 4038 Westminister Pl.

17. (a) Removal (b) Date thereof 11-20-46 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) NOV 20 1946 (b) J. F. Buseck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 20 year 1946 hour 5 A.M. minute M.  
21. I hereby certify that I attended the deceased from May 16 1946 to Nov 20 1946 that I last saw her alive on Nov 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death  
1) Cerebral thrombosis  
Due to arteriosclerosis Hypertension  
Duration 3 days

Other conditions: 1) Hypertensive Heart Disease & Pulmonary edema.

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: 1) as above: 2) Meningeal effusion of brain.

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) \_\_\_\_\_  
(2) Means of injury \_\_\_\_\_  
23. Signature Melvin B. Kersten (M. D. or other) M.D.  
Address 539 N. Broad Date signed 20 Nov 46

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

8766

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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.....

*John S. Hennehy*

Licensed Embalmer No. *4194*

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.**