. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7345 0

Registrar's No. 561

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
317 Atlus Dr.
(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 St. Louis 96

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

(d) Street No. 317 Atlus Dr. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Levi O. Berryman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Hill Berryman

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April (Month) 26 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
92	10	15	..... hr. ..... min.

9. Birthplace Franklin (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name William Berryman
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Hanna Peters
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant William Berryman
(b) Address 6011 Kingsbury

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jacksonville, Ill.

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

19. (a) 3-13-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1947 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 19, 1946, to Mar 11, 1947
that I last saw him alive on Mar. 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration Many

Due to .....

Due to 97

Other conditions Senility
(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 0

23. Signature [signature] (M. D. or other)
Address 7702 Rocky Date signed 3/11/47

(Licensed Embalmer's Statement on Reverse Side)

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. Kennedy

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.