

FILED JUN 5 1947

Registration District No. **161**

Primary Registration District No. **5594**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Big River 3 1/2 mi W of Home Springs (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 Day years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96
(c) City or town 7055 Talone 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. University City 1
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME

JOHN SANDERS BERRY

8. (b) If veteran, name was World War #1

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Oliver Warner Berry

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 17 - 1893 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 7 If less than one day _____ min.

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

10. Usual occupation Sales Manager

11. Industry or business Manufacturing Agent

12. Name Charles Berry 7

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

14. Maiden name Hullman

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

16. (a) Informant Fred Lyons

(b) Address Home Springs RR #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation St Peter's Cemetery

18. (a) Signature of funeral director C.B. Simpson & Sons

(b) Address 7233 Delmar St Louis Mo

19. (a) 5-27-47 (Date received by registrar) (b) Mrs J. H. Huels (Registrar's signature) 144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart trouble

Due to Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration
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? On Big River (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) _____ (e) Means of injury _____

23. Signature T.B. Edwards (M. D. or other) CORNER
Address Order Hill Date signed 5/27/47

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

7233 *Ill.*

JUN 6 1947

MAY 27 1947

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 W. Bremer

Licensed Embalmer No. *1470*

P. O. Address *House Springs Ill.*

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, above space should be left blank.