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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 28 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20658
Registrar's No. 5508

Registration District No. 318
Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community
years, months or days)

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

4. Sex FE 3. Color or race Coli
5. Color or race
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Berry
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 2 (Month) 12 (Day) 1976 (Year)

8. AGE: Years 72 Months 4 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Ripley Miss. I
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Home

MOTHER FATHER

12. Name Johnson Green

13. Birthplace Ripley Miss. I
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Green

15. Birthplace Ripley Miss. I
(City, town, or county) (State or foreign country)

16. (a) Informant Stellie Purkes

(b) Address 3714 Rutger

17. (a) Burial (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Ceme

18. (a) Signature of funeral director J. F. Brice

(b) Address 4469 Washington Blvd

19. (a) JUN 17 1948 (Date received local registrar)
J. F. Brice (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 3723 Vistar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16
year 1948 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from
June 4, 19 48 to June 16, 19 48;
that I last saw her alive on June 16, 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertensive Heart Disease
Duration Undet.

Due to _____
Due to _____

Other conditions Left Hemiplegia
(Include pregnancy within 3 months of death)
Generalized Arteriosclerosis

Major findings:
Of operations _____
Of autopsy None
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Oscar J Daniels (M. D. or other)

Address 2601 N Whittier Date signed 6/17/48

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.....

Frederick P. Stark

Registered Apprentice No. *74*

working under my personal supervision.

Signed

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address

St. Louis, Mo.

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.