

FILED AUG 28 1948 18

7430

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community _____ years, months or days

3. (a) PRINT
FULL NAME

Molly Jean Berry
3. (b) If veteran, no name war _____
3. (c) Social Security No. no

4. Sex F / 5. Color or W race _____
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Oct 22 1930
(Month) (Day) (Year)

8. AGE: Years' 17 Months 9 Days 27 If less than one day, hr. min.

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

10. Usual occupation Retail clerk

11. Industry or business

12. Name Rex Berry
13. Birthplace Williamson County, Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mable Whitaker
Ozark, Ill
15. Birthplace Ozark, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Rex Berry

(b) Address Herrin Ill

17. (a) Removal (b) Date thereof 8/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation He Herrin, Ill

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) AUG 25 1948 (Date received local registrar) J. F. Br... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Illinois Williamson 999
(a) State _____ (b) County _____
(c) City or town Herrin, Illinois
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-4- 1948 to 8-19 1948
that I last saw him alive on 8-19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE PORPHYRIA

Due to _____

Due to _____

Other conditions 66
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy AS ABOVE

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 J. R. Bradley (M. D. or other) 8/21/48
Address Barnes Hospital Date signed 8/21/48

0812
7430

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.....

Licensed Embalmer No.....

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.