No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42043

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 2744

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Edgwood Retreat 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

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

(d) Street No. 1406 Washington St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lawrence Mathews Berry

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Dora M.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 15 (Day) 1874 (Year)

8. AGE: Years 74 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Cattle Buyer

FATHER
12. Name A. Russel Berry
13. Birthplace Springfield (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Laura Mathews
15. Birthplace Columbia (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Lara Berry

(b) Address Alton Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood

18. (a) Signature of funeral director O. Carson Quinn

(b) Address 603 Henry St. - Alton Ill

19. (a) 11-27-48 (Date received local registrar) (b) Thurd [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th year 1948 hour 12:00 minute 05 P M.

21. I hereby certify that I attended the deceased from Jan 1946, 19 to Nov 26, 1948; that I last saw him alive on Nov 26 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	4 days
Due to	
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	2 weeks

Major findings: Of operations none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul B. Vatterott (M. D. or other) MD

Address 10300 St Charles Rd Date signed 11/26/48

(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 Carson Lunnie

Licensed Embalmer No. 5796

P. O. Address Alton 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, fact should be so stated above.

No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 317

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2744

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laurence M. Berry

3. (b) If veteran, name war

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

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

7. Birth date of deceased April 15 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 26 year 1948 hour minute M.

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

Immediate cause of death Bronchi Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 107

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? (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

23. Signature Paul B Vallerot MD (M. D. or other)
Address 10300 So Charles Rd Date signed 4-9-44

SUPPLEMENTARY

5-40043