

28836

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 17 1949

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4467</u>		Registrar's No. <u>1862</u>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b>		c. LENGTH OF STAY (In this place) <b>25 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>523 Vest Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>631 Benton St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>William</b> c. (Last) <b>Berry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1, 1949</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 19, 1878</b>		
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet maker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Sash &amp; Door Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Alma Berry</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>498-10-6817A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alma Berry,</b>		ADDRESS <b>Valley Park, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause unknown</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>  <b>7955</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10 A.</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Seibert K. Monke</b>				(Degree or title) <b>Comm. of Health St. Louis County Health Dept.</b>		23b. ADDRESS <b>8/2/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 3, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-2-49</b>		REGISTRAR'S SIGNATURE <b>Seibert K. Monke, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home, Ballwin, Mo.</b>			
			ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

46  
16  
50

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Geo. A. Header*

Licensed Embalmer No.

3066

P. O. Address

Dallwin, 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.