

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34925

318

1003

State File No. 9122

Registrar's No.

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. 9122 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | | d. STREET ADDRESS (If rural, give location) 27-2727 Cole St | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Willie | | b. (Middle) Mae | | c. (Last) Berry | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1949 | |
| 5. SEX Female 3 | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | | 8. DATE OF BIRTH Aug, 12th, 1900 | |
| 9. AGE (In years last birthday) 49 | | IF UNDER 1 YEAR Months 2 Days 2 | | IF UNDER 4 HRS. Hours Min. _____ | | 11. BIRTHPLACE (State or foreign country) Glenwood Ala. / | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Walter Smith | | 13b. MOTHER'S MAIDEN NAME Pearl Bean | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Mae Bohannon 2915 Montgomery St | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ventricular Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | INTERVAL BETWEEN ONSET AND DEATH Undet. " " | |
| 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) 93 (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 1443 X | | | |
| 22. I hereby certify that I attended the deceased from 10-11, 1949, to 10-14, 1949, that I last saw the deceased alive on 10-14, 1949, and that death occurred at 1:20 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE James J. Ledrick (degree or title) M. D. | | | | 23b. ADDRESS 2601 N Whittier St | | 23c. DATE SIGNED 10-15-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE 10-21-49 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem. | | 24d. LOCATION (City, town, or county) ST Louis MO (State) | |
| DATE REC'D BY LOCAL REG. OCT 20 1949 | | REGISTRAR'S SIGNATURE J. B. Casater | | 25. FUNERAL DIRECTOR'S SIGNATURE Ellis Fun. Home 2820 Stoddard St | | ADDRESS _____ | |

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

011201 11

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 11th Avenue 15

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.