

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1950

State File No. 9920

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) life		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 25 910 Biddle Street	

3. NAME OF DECEASED (Type or Print) a. (First) Opal b. (Middle) c. (Last) Berry	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1950
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5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 11, 1910	9. AGE (In years last birthday) 40	if UNDER 1 YEAR Months 8	if UNDER 12 HRS. Days 11	if UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid	10b. KIND OF BUSINESS OR INDUSTRY public library	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Hillmon Bonds	13b. MOTHER'S MAIDEN NAME Lena Martin	14. NAME OF HUSBAND OR WIFE Hutson T. Berry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Bonds 910 Biddle Street
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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		INTERVAL BETWEEN ONSET AND DEATH 11-19-20 1950 APR. 1950
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive vaginal hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of cervix DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 171X
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22. I hereby certify that I attended the deceased from 4-3-1950, to 11-21-1950, that I last saw the deceased alive on 11-20, 1950, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE J.C. Sheppard, M.D. (Degree or title)	23b. ADDRESS 2702 Franklin	23c. DATE SIGNED 11-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 28, 1950	24c. NAME OF CEMETERY OR CREMATORY National cemetery	24d. LOCATION (City, town, or county) (State) Jefferson, Barracks, Mo.
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DATE REC'D BY LOCAL HEALTH DEPT. NOV 22 1950	REGISTRAR'S SIGNATURE J.B. Lassiter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement, cc Son 2620-31 Cole Street
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.