

FILED AUG: 7 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24296
State File No. 6416
Registrar's No.

318
REG. DIST. NO.

1003
PRIMARY REG. DIST. NO.

3

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 24296		Registrar's No. 6416		
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 town) St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 14th BR OWN Saint Louis		2149				
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA				d. STREET ADDRESS (If rural, give location) 5711 Tholozan						
3. NAME OF DECEASED (Type or Print) a. (First) A lvin		b. (Middle) K		c. (Last) Berry		4. DATE OF DEATH (Month) (Day) (Year) 7 17 1951				
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 28, 1899		9. AGE (In years less birthday) 52	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer - Housewife		10b. KIND OF BUSINESS OR INDUSTRY Lockhart's		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U				
13a. FATHER'S NAME William Krueger			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Joseph P Berry				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Joseph P Berry, 5711 Tholozan						
18. CAUSE OF DEATH Enter only one cause per line for (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Pulmonary Oedema						
				DUE TO (c) Congestive Heart Disease						
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2H.1						
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 10:21 m., from the causes and on the date stated above.										
23a. SIGNATURE Arthur G. D...				23b. ADDRESS 1360 Clark			23c. DATE SIGNED 7/19/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-1951		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. JUL 18 1951		REGISTRAR'S SIGNATURE J. B. ...			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa Street, St. Louis, Mo					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Linus C Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 24296
Local Registrar's No. 6416

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 19....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
for Alvina K. Berry died 7-17-1951, 19....., in the State of
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Alvina

Instead of.....

Item No. 8 should read April 27 1899

Instead of..... 28

Item No. 10^a - 10b should read Housewife

Instead of..... Buyer

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant..... Harry Schmecker E. Hoffmeister Fun Dir
Relationship.

6464 Chippewa
Present Address.

Subscribed and sworn to before me this 8 day of July, 1951

My Commission expires 3-4-53 Earl C. Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.