

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31307

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8116

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		a. STATE Illinois b. COUNTY St. Calif	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 1514 Boismenue 8	

3. NAME OF DECEASED (Type or Print) George			4. DATE OF DEATH (Month) (Day) (Year) 9 10 51			
a. (First)	b. (Middle)	c. (Last)				
5. SEX Male 2	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Apt. 1882	9. AGE (In years last birthday) Apt. 69	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) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edwardsville, Illinois 1		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Berry		13b. MOTHER'S MAIDEN NAME Caroline Carter		14. NAME OF HUSBAND OR WIFE Beulah Berry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Jeanette Hendricks, 2518 Bellglade	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 Day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Infarction			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Arteriosclerotic Heart Disease			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Duodenal Ulcer			7 Years
19a. DATE OF OPERATION 9-6-51		19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	

22. I hereby certify that I attended the deceased from 8-27 19 51 to 9-10 19 51, that I last saw the deceased alive on 9-10 19 51, and that death occurred at 11:43a m., from the causes and on the date stated above.

23a. SIGNATURE E. D. McMillan M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 9-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE 9/14/51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green, 3517 Laclede Avenue		ADDRESS	
DATE REC'D BY LOCAL REG. SEP 13 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Malvin E. Green

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, 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.