

FILED OCT 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32364

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2356

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) UNIVERSITY CITY	c. LENGTH OF STAY (in this place) 30 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY #326	d. STREET ADDRESS (If rural, give location) 6411 Bartmer Ave.
3. NAME OF DECEASED a. (First) Daisy		b. (Middle) Berryman	c. (Last) Berryman
4. DATE OF DEATH 10/6/54	5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/13/1880	9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) Jackson, Missouri
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Albert Wright	13b. MOTHER'S MAIDEN NAME Mollie Loone	14. NAME OF HUSBAND OR WIFE James Berryman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 494 03 8578B	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Berryman 6411 Bartmer Ave.	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9-26-54
ANTECEDENT CAUSES	DUE TO (b) Arteriosclerosis		D. K.
DUE TO (c) Anxiety			D. K.
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 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)	331X
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?	
22. I hereby certify that I attended the deceased from 9/28 1954, to 10/6 1954, that I last saw the deceased alive on 10/5 1954 and that death occurred at 7:50a m., from the causes and on the date stated above.			
23a. SIGNATURE John A. Rogers M.D. (Degree or title)		23b. ADDRESS 6693 Delmar Blvd	23c. DATE SIGNED 10/7/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/8/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri
DATE REC'D BY LOCAL REG. 10/7/54	REGISTRAR'S SIGNATURE Heschel Rosenberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.	

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed Alfred G. Boedecker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamon

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.