

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38314

State File No. _____

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>_____</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James, Mo</u>		c. CITY OR TOWN <u>Peru</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>812 9</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Berry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 27 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u>	8. DATE OF BIRTH <u>Feb 24 1893</u>	9. AGE (In years last birthday) <u>61</u> Months <u>9</u> Days <u>3</u>	IF UNDER 1 YEAR Hours <u>_____</u> Min. <u>_____</u>	IF UNDER 4 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Peru, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Soldiers Home Records</u> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiovascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>_____</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
	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 <u>4/4x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 20th 1954 to Nov 27th 1954 that I last saw the deceased alive on Nov 27th 1954, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

24. SIGNATURE <u>Gold. Hoeskreutz, M.D.</u> (Degree or title)	23a. ADDRESS <u>St. James, Mo</u>	23c. DATE SIGNED <u>Nov 28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>11-28-54</u>	REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> 479	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Jesse Gahr, St. James Mo</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 18 1958

DEC 7 1956

DEC 10

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
Signature of Student Embalmer

Signed *Jesse Gahr*

Licensed Embalmer No. *448*

P. O. Address *Ph. Jan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.