

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
3132
0817
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____	
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>			c. LENGTH OF STAY (in this place) <u>7 Dys.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			<u>2129</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>12 5351 Delmar</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Berry</u>		c. (Last) <u>South</u>	
4. DATE OF DEATH		(Month) <u>1-27</u>		(Day) <u>1955</u>		(Year) _____	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Jan-19-1895</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>8</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>John C. South</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Masonic Home of Missouri</u>		ADDRESS <u>5351 Delmar</u>	
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.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerotic Heart Disease</u>					<u>3 Mo.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis Agitans</u>					<u>2 Yrs.</u>	
	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"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>350X</u>			
22. I hereby certify that I attended the deceased from <u>1-21-</u> 19 <u>55</u> , to <u>1-27-</u> 19 <u>55</u> , that I last saw the deceased alive on <u>1-27-</u> 19 <u>55</u> , and that death occurred at <u>9:35P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. South</u>				23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>1-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>JAN 28 1955</u>		REGISTRAR'S SIGNATURE <u>Albert H. Hoppe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>			

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 Paul R. Wackter

Licensed Embalmer No. 4787

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.