

STANDARD CERTIFICATE OF DEATH

9710

State File No.

2157

Registrar's No.

FILED MAR 31 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Jefferson City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		STREET ADDRESS (If rural, give location) 1116 Moreau Drive		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Berryman		a. (First)	b. (Middle) Henwood	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 7, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Apr. 23, 1881	9. AGE (in years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George W. Henwood		13b. MOTHER'S MAIDEN NAME Jennie Dunham		
14. NAME OF HUSBAND OR WIFE Adele Tucker Henwood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.		
17. INFORMANT'S SIGNATURE OR NAME Virginia Henwood, Jefferson City, Mo.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —			INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs. 7-2 yrs	
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) St. Louis, Mo.		
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? 331X		
22. I hereby certify that I attended the deceased from 4/15/55 , 19___, to 9/7/55 , 19___, that I last saw the deceased alive on 3/7/55 , 19___, and that death occurred at 11:00a m., from the causes and on the date stated above.						
23a. SIGNATURE R. Ameyera md.		(Degree or title)		23b. ADDRESS 539 N. Grand		
23c. DATE SIGNED 3/8/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-7-55		
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.		
DATE REC'D BY LOCAL REG. MAR 8 1955		REGISTRAR'S SIGNATURE J. Carl Smith Mo		ADDRESS		

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

APR 27 1951

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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 *W. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *4 Row*

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.