

XC-1 293 962

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Reg. #. 9436 SL-6311
FILED JAN 6 1956

State File No. **41823**
Registrar's No. **10635**

318

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. Grand St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 159 Days	c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			e. STREET ADDRESS (If rural, give location) 21 3129 Pine		
3. NAME OF DECEASED (Type or Print) a. (First) Mitchell		b. (Middle) (none)	c. (Last) Berry	4. DATE OF DEATH (Month) (Day) (Year) 12-3-55	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-7-1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 14 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, and State or Foreign Country) Bolivar, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Berry		
13b. MOTHER'S MAIDEN NAME Jennie Wilson			14. NAME OF HUSBAND OR WIFE Lillian Berry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.		
18. YES			ADDRESS _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarction			ANTECEDENT CAUSES		DUE TO (b) Hypertensive cardiovascular disease
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate		Unk.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. 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) _____		21f. HOW DID INJURY OCCUR? _____
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"/>		21g. _____	
22. I hereby certify that I attended the deceased from 6-27 , 19 55 , to 12-3 , 19 55 , and that death occurred at 8:05a.m. , from the causes and on the date stated above.					23c. DATE SIGNED _____
23a. SIGNATURE Carl C. H. Catman (Degree or title) _____			23b. ADDRESS W.D. VAH, 915 N. Grand, St. Louis 6, Mo.		23c. DATE SIGNED 12-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/8/55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks MO
DATE REC'D BY LOCAL REG. DEC 5 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry ADDRESS 4202 Finney Ave	

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.....
Signature of Student Embalmer

Signed *Melvin E. Gre*.....

Licensed Embalmer No. *44*.....

P. O. Address *H. L.*.....

**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.**