

STANDARD CERTIFICATE OF DEATH

State File No. 6136

Registrar's No. 1583

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6136		Registrar's No. 1583						
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 township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis			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 2713 Baldwin Street				e. STREET ADDRESS (If rural, give location) 20 2713 Baldwin Street										
3. NAME OF DECEASED (Type or Print) WILLIAM			a. (First)			b. (Middle)			c. (Last) BERRY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1956		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 6, 1869		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME (Unknown) Berry				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Katherine Berry						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Katherine Berry, 2713 Baldwin St.				ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 18 mo						
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Vascular disease												
		ANTECEDENT CAUSES												
		MORIBUND CONDITIONS, if any, giving rise to the above cause (c) stating the underlying cause last.												
		DUE TO (b) _____												
		DUE TO (c) _____												
		II. OTHER SIGNIFICANT CONDITIONS												
		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1						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?										
22. I hereby certify that I attended the deceased from Sept , 19 56 to 2/10 , 19 56 , that I last saw the deceased alive on 2/1 , 19 56 , and that death occurred at 8:30 P. m., from the causes and on the date stated above.														
23a. SIGNATURE [Signature]				(Degree or title) M.D.			23b. ADDRESS 11 N Jefferson Ave		23c. DATE SIGNED 2/13/56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-15-56		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.								
DATE REC'D BY LOCAL REG. FEB 14 1956		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 2625 Glasgow 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, Student Embalmer No. ~~2977~~ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. P. Richardson*.....
Licensed Embalmer No. 2928

P. O. Address 2625 Glass

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.