

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. **21604**

FILED JUL 16 1956

BIRTH NO. **40499-56** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **179**

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) Robertson	
c. LENGTH OF STAY (In this place) 3 Hrs.		d. STREET ADDRESS (If rural, give location) Rt. 2 - Box 435	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Roger b. (Middle) - c. (Last) BERRY			4. DATE OF DEATH (Month) (Day) (Year) July 10 - 1956		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH July 10 - 1936		9. AGE (In years last birthday) 20 Months 0 Days 3 Hours 3 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) St. Charles Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Tollie Gerald Berry		13b. MOTHER'S MAIDEN NAME Geneva Irene Lovell		14. NAME OF HUSBAND OR WIFE -	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Geneva Irene Berry ADDRESS Rt. 2 - Box 435 Robertson Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity - (6 mo Preg) 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 1 Month	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input 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 **July 10, 1956**, to **July 10, 1956**, that I last saw the deceased alive on **July 10, 1956**, and that death occurred at **3:40 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul D. Tatterton MD		23b. ADDRESS St. Louis County Mo		23c. DATE SIGNED July 10 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/11/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
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DATE REC'D BY LOCAL REG. July 11 1956		REGISTRAR'S SIGNATURE Bonnie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE COLLIER MORTUARY ADDRESS 10133 S. CHAS	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed NO Embalming
.....
Student Embalmer

Signed Sheldon Collins
.....

Licensed Embalmer No 3282

P. O. Address 10127 St. Louis, Mo. R. 2

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.