

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

STATE FILE NUMBER  
8881

Registration District No. 318 Primary Registration District No. 1003 Registrar 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips			Length of stay in lb		d. STREET ADDRESS 1251 Sacramento		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Berry				4. DATE OF DEATH Month Day Year 9-22-56							
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 1, 1881		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian			10b. KIND OF BUSINESS OR INDUSTRY Public school		11. BIRTHPLACE (City and state or country) Baden, Missouri		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Will Berry				14. MOTHER'S MAIDEN NAME Mary							
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 Address Mary Berry 1251 Sacramento Ave.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull; DUE TO (b) Subdural Hemorrhage of the Brain DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR INJURY GIVEN IN PART I (b) Ed's operated on brain about 1949								INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Fires in front of house 4257 Sacramento Ave. about 1:49 a.m., Sept 22, 1956						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20c. TIME OF INJURY Hour a.m. Month, Day, Year 1:49 9 22 56			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) Street		20f. CITY, TOWN, OR LOCATION St. Louis Mo				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree of _____) Robert M. Quinn, M.D.						22b. ADDRESS 1305 Clark	
22c. DATE SIGNED 9/27/56		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-27-56		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR Russell Und. Co.			ADDRESS 2732 Pine St.		25. DATE RECD. BY LOCAL REG. SEP 27 1956		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. J.P.				

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *James A. Paul*.....

Licensed Embalmer No. *4*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.