

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33234

FILED OCT 14 1957

318

1003

STATE FILE NUMBER
9156

Registration District No. Primary Registration District No. Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2217 2909 Franklin	
3. NAME OF DECEASED (Type or print) First Wesley Middle Last Berry		4. DATE OF DEATH Month 9- Day 27- Year 57	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY Nil	9. AGE (In years last birthday) 51
11. BIRTHPLACE (City and state or country) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WM BERRY		14. MOTHER'S MAIDEN NAME VERDIE COOPER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Joseph Luckett		Address 2606 Madison	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laennec's Cirrhosis with Esophagus Varicosis Bleeding			INTERVAL BETWEEN ONSET AND DEATH Undet.
Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) 581.1			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart Disease ; Hepatic Coma ; Lung Edema			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.			
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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 9-16-57 to 9-27-57 and last saw her 9-27-57 alive on her him Death occurred at 11:50 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sidneya Fraser		22b. ADDRESS M. D. 2601 N. Whittier	22c. DATE SIGNED 9-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify Removal)	23b. DATE 10-1-57	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) (State) Kirkwood Ind
24. FUNERAL DIRECTOR WALTON	ADDRESS 2707 Stockland	25. DATE RECD. BY LOCAL REG. OCT 1 57	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

VS MAR 1 1960

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 Body Not Embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed A. F. Walton

Licensed Embalmer No.....

P. O. Address

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.