

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2637

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Anns</u> <u>4076</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>38</u> INSTITUTION <u>St. Lukes Hospital DOA</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>27</u> <u>3447 Ashby Rd.</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>CLAUDE</u> Middle <u>PERRIN</u> Last <u>BERRY</u>				Month <u>Jan.</u> Day <u>2</u> Year <u>1958</u>		M <u>W</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 8, 1877</u>		9. AGE (In years last birthday) <u>80yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Thompson Mitchell</u>		11. BIRTHPLACE (City and state or country) <u>Carsonville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Clark Berry</u>				14. MOTHER'S MAIDEN NAME <u>Virginia Patterson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish American 492-0143852</u>		17. INFORMANT Address <u>Mrs. Ruth Roth 3447 Ashby</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sub myocardial infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> <u>15 hrs</u> <u>10 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Chronic Glomerular nephritis</u>		DUE TO (c) <u>Myocardial infarction</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>H222</u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <u>          </u> Month, Day, Year a. m. <u>          </u> p. m. <u>          </u>		
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 <u>1940</u> to <u>1958</u> and last saw her alive on <u>12-28-57</u> Death occurred at <u>11:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Raymond Dunderman M.D.</u>				22b. ADDRESS <u>4943 North Bldg. 1/2/58</u>		22c. DATE SIGNED <u>1/12/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Removed</u>		<u>Jan. 5, 1957</u>		<u>Mt. Pleasant Cemetery</u>		<u>High Hill, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Alexander &amp; Sons 6175 Rehrman</u>				25. DATE RECD. BY LOCAL REG. <u>JAN 3 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

m. 2/13.

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

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4995 N. B.  
DR. SULLIVAN  
EV 5-3053

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph McCulloch*

Licensed Embalmer No. *24*

P. O. Address *6125*

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.