

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006901

State File No. \_\_\_\_\_

2 1582

Registrar's No. \_\_\_\_\_

No. 300

10-48

FILED MAR 2 1959

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. \_\_\_\_\_

PRIMARY REG. DIST. 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, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) TOWNSHIP		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1145 N. Euclid Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Grant		a. (First)		b. (Middle)	
c. (Last) Berry		4. DATE OF DEATH 2-12-59		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 10, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Berry		13b. MOTHER'S MAIDEN NAME Smith		14. NAME OF HUSBAND OR WIFE Faye 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. 493-27-7149a		17. INFORMANT'S SIGNATURE OR NAME Faye Berry	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myo-Carditis</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension, Nephritis</i> DUE TO (c) <i>Rheumatism &amp; Neuritis</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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 <u>June</u> , 19 <u>58</u> , to <u>Feb. 12</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Feb. 12</u> , 19 <u>59</u> , and that death occurred at <u>7A:</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. Smith</i>		(Degree or title) <i>MD</i>		23b. ADDRESS <i>3000<sup>a</sup> Easton</i>	
23c. DATE SIGNED <i>2-14-59</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>2/17/59</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Washington</i>		24d. LOCATION (City, town, or county) (State) <i>Park St. Louis County Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Boyd Bros</i>	
DATE REC'D BY LOCAL REG. <i>FEB 14 '59</i>		REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		ADDRESS <i>3706 Finney Ave</i>	

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..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Henry C. Williams*.....

Licensed Embalmer No. *4781*.....

P. O. Address *1205 W. 1st St.*.....

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.