

AMENDED

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

2370

STATE FILE NUMBER

FILED MAR 23 1961 318

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			Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3957a No. 11th St.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3957a No. 11th St.	
3. NAME OF DECEASED (Type or print) First Oby		Middle Franklin		Last Berry		4. DATE OF DEATH Month March Day 10, Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/21/1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY Match Co.		11. BIRTHPLACE (City and state or country) Zion, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME James Berry			13b. MOTHER'S MAIDEN NAME Lina Gibson			14. NAME OF HUSBAND OR WIFE Lillie	
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 Lillie Berry, 3957a No. 11th St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma to cerebrum, cerebellum & lungs from Ca. of colon which was removed July 1959							INTERVAL BETWEEN ONSET AND DEATH 153.8
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. 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 Feb 4 1961 to March 10, 1961 and last saw ^{him} alive on March 9, 1961 Death occurred at 4:15 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Samuel H. Flotte, M.D.				22b. ADDRESS 2435 N. Grand Blvd		22c. DATE SIGNED 3-10-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-10-61		23c. NAME OF CEMETERY OR CREMATORY Fredericktown, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.			25. DATE RECD. BY LOCAL REG. MAR 10 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

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.