

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017458

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1236

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 9 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri		Length of stay in lb DOA	c. CITY OR TOWN Brentwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9112 W. Swan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLIAM A. BERRYMAN			4. DATE OF DEATH Month April Day 19th Year 1962	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Asst. Tr. Off.	10b. KIND OF BUSINESS OR INDUSTRY Mercantile Tr. Co.	11. BIRTHPLACE (City and state or country) Franklin, Ill.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Oscar Levi	13b. MOTHER'S MAIDEN NAME Martha Alice Hill	14. NAME OF HUSBAND OR WIFE Elizabeth (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes WW I	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT St. Louis County Coroner's Office Address _____
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18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown causes		INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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"/> Open Verdict	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found at base of stairway in apartment where he resided
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20c. TIME OF INJURY 9:15 a.m.	Month, Day, Year 4/19/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) own apartment	20f. CITY, TOWN, OR LOCATION Brentwood	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond L. Aker</i> (Degree or title) Coroner Clayton, Missouri.	22b. ADDRESS Clayton, Missouri.	22c. DATE SIGNED 4/27/62
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Anatomical Bd. Aker Mortuary Service	23d. LOCATION (City, town, or county) St. Louis, Mo.	23e. (State)
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24. FUNERAL DIRECTOR 4104 Manchester Ave. St. Louis 10, Mo.	25. DATE RECD. BY LOCAL REG. 4-23-62	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>
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USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.