

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043966

318 1003 11095

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11095

FILED NOV 30 1962

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY MISSOURI
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST Louis
 Length of stay in lb. 17 days
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSP
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7114 WASHINGTON
 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last WARREN LOUIS BERRY
 4. DATE OF DEATH Month Day Year NOV 17 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH OCT 1, 1886 9. AGE (last birthday) 76
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER
 10b. KIND OF BUSINESS OR INDUSTRY UNION ELECTRIC
 11. BIRTHPLACE (City and state or country) NEW ORLEANS, LA
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME DANIEL BERRY 13b. MOTHER'S MAIDEN NAME UNKNOWN
 14. NAME OF HUSBAND OR WIFE GEORGIA BERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I
 16. SOCIAL SECURITY NO. 17. INFORMANT GEORGIA BERRY 7114 WASHINGTON
 Address

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 of prostate with generalized metastases.
 DUE TO (b) to
 DUE TO (c) 177X Nov. 17, 1962
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 8-11-60 to 11-17-62 and last saw him alive on 11-17-62
 Death occurred at Deaconess Hospital 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.P. Altheide, M.D.
 22b. ADDRESS 7114 University Club Bldg.,
 22c. DATE SIGNED 11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
 23b. DATE 11/20/1962
 23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM
 23d. LOCATION (City, town, or county) ST LOUIS (State) MO

24. FUNERAL DIRECTOR ADDRESS STOCK MORTUARY 8895 BRENTWOOD
 25. DATE RECD. BY LOCAL REG. NOV 19 1962
 26. REGISTRAR'S SIGNATURE Joan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

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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 Gus Dietrich

Licensed Embalmer No. 4329
P. O. Address 5017 Delmar
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.