WHITE PEARLET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39756

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11977

City ST. LOUIS, MO (No. 5948 Clemens Ave. ..... St. ..... Ward)

2. FULL NAME MINOR EVERET CHAMBERLAIN.

(a) Residence, No. 5948 Clemens Ave. 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long ~~in U. S., if of foreign birth?~~ ~~yrs. mos. ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~) LORENA CATHERINE DODD. CHAMBERLAIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-28th 1858

7. AGE: YEARS 73 | MONTHS — | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MINING STOCK INVESTMENT
10. Date deceased last worked at this occupation (month and year) 1930.
11. Total time (years) spent in this occupation 50.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARTENSBURG. WEST VIRGINIA

FATHER

13. NAME John CHAMBERLAIN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA.

MOTHER

15. MAIDEN NAME KATE SHARF.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

17. INFORMANT (ADDRESS) Mrs. L C Chamberlain 5948 Clemens Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 12-2-1931, 19

19. UNDERTAKER (ADDRESS) Alexander & Sons 6125 Delmar

20. FILED DEC-1 1931, 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1931, to Nov. 30, 1931, I last saw him alive on Nov. 30, 1931. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

ANGINA PECTORIS — Date of onset Oct 1st 31

93C

Other contributory causes of importance:

MYOCARDITIS. Chronic — Jan-10th 31

94A
93C

Name of operation None. Date of —

What test confirmed diagnosis? Pain Heart Sounds Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? Natural Causes (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Scott Hener, M.D., M.D.

(Address) 1106 Mo. Bldg. St. Louis, Mo.