

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.

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 10318

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 2739 a Franklin
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County _____
 (c) City or town St. Louis
 (d) Street No. 2739 a Franklin
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Oscar Chambliss
 (b) If veteran, name war _____
 (c) Social Security No. 491-12-6747

4. Sex Male 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Ella Chambliss
 (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Sept 10 1877

8. AGE: Years 62 Months 2 Days 20
 If less than one day hr. _____ min. _____

9. Birthplace Huntington Tenn

10. Usual occupation Laborer

11. Industry or business W. P. A.

12. Name Hence Chambliss

13. Birthplace Huntington Tenn

14. Maiden name Mary Jane Johnson

15. Birthplace Huntington Tenn

16. (a) Informant's own signature Charles Dale

(b) Address 2739 a Franklin ave

17. (a) Removal (b) Date thereof Dec 3 1939

(c) Place: burial or cremation Cario III

18. (a) Signature of funeral director Clark Young

(b) Address 2620 Lawton

19. (a) DEC 2 1939 (b) Registrar's signature J. P. Brudick

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 1
 year 1939 hour 11:00 A minute 7 P. M.

21. I hereby certify that I attended the deceased from November 26 1939 to Dec 1st 1939
 that I last saw him alive on Dec 1st 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Due to Hypertension
 Due to chronic interstitial nephritis
arteriosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Winstanley (M. D. or other) _____
 Address 2743 Franklin Date signed 12/3/39

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3371
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 this body is not embalmed, above space should be left blank.