

Registration District No.

791

Primary Registration District No.

Registrar's No.

1149

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2224a Delmar Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 10 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Marie Chambers3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife David Miller
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 7, 1886
 (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 24
 If less than one day _____ hr. _____ min.

9. Birthplace Vicksburgh Mississippi
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
 12. Name James A Chambers
 13. Birthplace N. Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Miller
 (b) Address 3726 Cook Ave
 17. (a) Funeral (b) Date thereof 2/5/40
 (Burial, cremation, or removal) (Month/Day/Year)
 (c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director P. M. Green
 (b) Address 3517 Laclede Ave
 19. (a) FEB 5 1940 (b) J. J. [Signature]
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2224a Delmar Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Oct 7 to Feb 1 40, 1940
 and that death occurred on the date and hour stated above.
 that I last saw her alive on Jan 7 40, 1940

Immediate cause of death

ventral Insufficiency

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature M. A. Mueller (M. D. or other) MD
 Address 2235 Franklin Date signed 2-3-40

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..... *A.M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Soledad*

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.