

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 3360

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:
4431 S. Broadway 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lucy Chambers 516

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Oct. 13, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 28 _____ hr. _____ min.

9. Birthplace Nokomis Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John A. Garrissine

13. Birthplace Stubenville, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Travis

15. Birthplace Somerset Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss M. Jones

(b) Address 4431 S. Broadway

17. (a) Urbane Cem. (b) Date thereof 4-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) APR 13 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis Mo 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 15 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 1932 to April 11, 1940
that I last saw her alive on April 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to Coronary Arteriosclerosis 2 yrs

Due to _____

Other conditions General hypertrophy
(Include pregnancy within 3 months of death)

Arthritis ? yrs

Major findings: _____

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)
(or) Means of injury _____

23. Signature Chas E. Neumann M.D. or other MD
Address 3720 Washington Date signed 4-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Edwin H. Lebing*

Licensed Embalmer No. *4046*

P. O. Address *646 d Chippewa*

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.