

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethesda Hospital 3149 W. 11th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 1 day

3. (a) PRINT FULL NAME Alma M Chamberlain

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 31 1924  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Cherokee City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Emmett Chamberlain

13. Birthplace Ware Run Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Goldie Price

15. Birthplace Ware Run Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Chamberlain

(b) Address cadet mo

17. (a) Pape Creek (b) Date thereof July 30 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pape Creek

18. (a) Signature of funeral director Joseph M. Bledsoe

(b) Address Poloski mo

19. (a) JUL 31 1940 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Potosi Cadet Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location) N.R.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 1940  
year 4 hour 30 minute P M.

21. I hereby certify that I attended the deceased from July 28, 1940 to July 28, 1940  
that I last saw h. or alive on July 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart stroke

Due to \_\_\_\_\_

Due to 191

Other conditions (Include pregnancy within 3 months of death) 1 1/2

Major findings: Appendiceal abscess

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature John W. Stewart (M. D. or other) \_\_\_\_\_

Address Potosi Bldg Date signed 7/31/40

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Dr. Stewart*  
*2-4 Wed. P.M.*  
*John B. Bell*  
*20,000*

**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 \_\_\_\_\_

*Murphy Sparks*

Registered Apprentice No. 241

working under my personal supervision.

Signed *Ewert Sparks*

Licensed Embalmer No. 2629

P. O. Address *Elkins 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.