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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 780

Primary Registration District No. 200

Registrar's No. 1240

1. PLACE OF DEATH: St. Louis Co.
 (a) County: _____
 (b) City or town: Robertson mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (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: Susie Williams
 3. (b) If veteran, name war: _____
 3. (c) Social Security No.: _____

4. Sex: Female
 5. Color or race: negro
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: _____
 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
 7. Birth date of deceased: 2 (Month) 1 (Day) 1863 (Year)

8. AGE: Years 78 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation: house wife

11. Industry or business: _____

12. Name: John Chamberlain

13. Birthplace: West Va (City, town, or county) (State or foreign country)

14. Maiden name: Maria Chamberlain

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Ruth Roben
 (b) Address: Robertson mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-41 (Month) (Day) (Year)
 (c) Place: burial or cremation: Greenwood

18. (e) Signature of funeral director: Russell Smith
 (b) JUN 27 1948 (Date received local registrar)

19. (a) _____ (b) D. R. Meyer, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: St. Louis Co
 (c) City or town: Robertson (If outside city or town limits, write "RURAL.")
 (d) Street No.: _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUN day 12 year 1948 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 14 1948 to June 13 1948 that I last saw her alive on 9 June 1948 and that death occurred on the date and hour stated above

Immediate cause of death: Terminal Heart Disease
 Due to: Arteriosclerosis

Due to: Chronic Nephritis
 Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 131.8
 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)
 Means of injury: _____

23. Signature: Daniel J. Jaffer (M. D. or other) _____
 Address: 925 N. Jefferson Date signed: 6/14/48

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

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

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.....

Joel Russell

Licensed Embalmer No.

4112

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.