

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 139

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
St. Hugo No. 3.
(d) Length of stay: In hospital or institution.....
In this community..... 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wentz
(d) Street No.....
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Mary Chambers

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex F 5. Color or race W
6. (b) Name of husband or wife Walter Chambers
6. (c) Age of husband or wife if alive U.S. years
7. Birth date of deceased Nov 5 1874

8. AGE: Years 66 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Wentz Co. 1 Ky.

10. Usual occupation Housewife

11. Industry or business

12. Name Gen. Elbert Brown
13. Birthplace Chickland, Tenn. Ky.
14. Maiden name Malissa Stewart
15. Birthplace Wentz Co. 1 Ky.

16. (a) Informant Beard, St. Hugo No. 3
(b) Address Wentz, Missouri
17. (a) Burial (b) Date thereof 9-2-41
(c) Place: burial or cremation St. Hugo No. 3

18. (a) Signature of funeral director Wm. H. H. H.
(b) Address St. Louis, Mo.
19. (a) Sept 2-41 (b) B. R. Robinson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1941 hour 6 minute 1:09 M.

21. I hereby certify that I attended the deceased from August 15th, 1941, to Aug 30th, 1941; that I last saw her alive on Aug 30th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, generalized mixed Duration ?

Due to.....
Due to.....
Other conditions Psychosis with cerebral arteriosclerosis Jan 1941

Major findings: Of operations no operation
Of autopsy no 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?.....
(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 C. C. Oult (M-D or other) MD
Address Farmington, Mo Date signed 8/14/41

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

94
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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.....

Nellie Hartes

Licensed Embalmer No.....

2969

P. O. Address.....

Farmington, 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, fact should be so stated above.