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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25742

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7033

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 13
(c) City or town St. Louis 624
(If outside city or town limits, write "RURAL")
(d) Street No. 3113 S. 7th St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christina Leona Chamberlain
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl Chamberlain
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Feb 9th 1919 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
23	6	12	hr. min.

9. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Jacob Pratt
13. Birthplace Illinois (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Illinois (City, town, or county) / (State or foreign country)
16. (a) Informant Earl Chamberlain
(b) Address 3113 S 7th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24, 42 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul Churchyard.
18. (a) Signature of funeral director Thompkins & Son
(b) Address 2906 Gravois Ave
19. (a) AUG 21 1942 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21, year 1942 hour 2:20 minute A. M.
21. I hereby certify that I attended the deceased from August 4, 1942, to August 21, 1942, that I last saw her alive on August 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Peritonitis	
Due to Acute endometritis and perimetritis	
Due to Ante partum infection	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Generalized peritonitis acute endometritis

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

23. Signature Robert R. Hartman (M. D. or other)
Address 1515 Lafayette Ave Date signed 8-21-42

(Licensed Embalmer's Statement on Reverse Side)

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 Thos Lutes

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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.