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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25743

State File No.

Registration District No. 348 Primary Registration District No. 1003 Registrar's No. 7107

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: 0
BARNES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED: 26 5

(a) State Missouri (b) County
(c) City or town Jefferson City 4 MR
(If outside city or town limits, write "RURAL")
(d) Street No. 900 W. Main Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Luther Chambers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary C. Chambers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 11, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	5	10	hr. min.

9. Birthplace Centertown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Grocery Merchant

11. Industry or business

FATHER
12. Name John D. Chambers
13. Birthplace Cole County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Susan Chambers
15. Birthplace Cole County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Silas F. Smith
(b) Address St. Louis, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) 8-25-42 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1942 hour 11 minute 40 a. M.

21. I hereby certify that I attended the deceased from August 16, 1942, to August 21, 1942
that I last saw him alive on August 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pulmonary congestion and pulmonary edema.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Acholasia

Of autopsy As above

Duration

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 0

23. Signature Barbara Mueller (M. D. or other)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

2107

2107

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 Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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.