

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

137

FILED JAN 16 1945  
318

100

Registration District No.

Primary Registration District No.

Registrar's No.

44

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town city of St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Sanitorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution abt 20 years  
 (Specify whether  
 In this community unknown  
 years, months or days)

3. (a) PRINT FULL NAME Jennie Chambers

3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased December 5 1860  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 0 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

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

12. Name Dr. Andrew J. Byerly

13. Birthplace unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Caroline Lewman

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

16. (a) Informant Wm M. Bridwell

(b) Address 4326 Alma Ave.

17. (a) burial (b) Date thereof 1-5-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JAN 3 1945 (b) J. F. Munch  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town city of St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. City Sanitorium  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd  
 year 1945 hour 7:30 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death fracture right leg Duration \_\_\_\_\_  
When she was pulled out of bed by  
Chair by Elizabeth Dugdale

Due to fracture right leg  
Dec. 23 1944 about 9:00 AM

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 38

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

## 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) accident

(b) Date of occurrence Dec 23 1944

(c) Where did injury occur? at home  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) Rubber Plant  
 (a) Means of injury fall

23. Signature Patricia M. Dugdale (M. D. or other) \_\_\_\_\_

Address City of St. Louis Date signed 1/4/45

**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..... *Virgil L. Berryman*.....  
Licensed Embalmer No..... *4018*.....  
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.**