

FILED SEP 13 1945

Registration District No. _____

Primary Registration District No. 6051

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town ST. CHARLES, RURAL, ELM POINT
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME #1
(d) Length of stay: In hospital or institution 4 YRS, 2 MOS, 9 DAYS
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES
(c) City or town ST. CHARLES
(d) Street No. 823 ADAMS
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. MARY E. CHAMBERLAIN

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 MARRIED

6. (b) Name of husband or wife HEZ CHAMBERLAIN 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased December 2 1864

8. AGE: Years 80 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis MISSOURI

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Pat Berry
13. Birthplace IRELAND U
14. Maiden name UNKNOWN
15. Birthplace IRELAND U

16. (a) Informant Joseph Stoerker
(b) Address ST. CHARLES, MISSOURI

17. (a) Burial (b) Date thereof 8-9-45

(c) Place: burial or cremation SS Peter and Paul Cemetery

18. (a) Signature of funeral director Southern Hand
(b) Address 622 S. GRAND BLVD

19. (a) 8/7/45 (b) Emat. L. Paul

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 7th
year 1945 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1st 1945 to Aug 7th 1945
that I last saw her alive on Aug 5th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema of Gallbladder

Due to: Gen Arterio Sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations no Of autopsy no

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? _____
(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 Dr. Eric Schatz
Address St. Charles, Mo.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed Sept 12-45

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. Bernyman

Licensed Embalmer No. 7018

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.