

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

State File No. _____
Registrar's No. 10647

Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3910 Parnell
(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:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3910 Parnell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 5
If yes, name country _____

3. (a) PRINT FULL NAME John Aaron Chambers
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 6th.
year 1945 hour 4:00 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Chambers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 16 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 2nd
1945 to Dec. 6 1945
that I last saw him alive on Dec. 4 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 5 20 hr. min.

Immediate cause of death Coronary occlusion Duration 4 days.

9. Birthplace Clark County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Due to generalized arterio-sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name Aaron Chambers
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none

14. Maiden name Mary Allen
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Chloe Ewing
(b) Address 3910 Parnell Ave.
17. (a) Burial (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Gorin, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4706 Washington Blvd.
19. (a) DEC 7 1945 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature D. J. Ward (M. D. or other) _____
4506 Olive Wester Bldg Date signed 12-6-45

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 *Isj W Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address.....

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.