

S. No. 2
OM-5-43
Rev. 5-17-39
I X36871

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

State File No. **10988**
2487
Registrar's No.

Registration District No. _____
Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4367 Hunt Ave. /
(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 Maples, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Letia Chambers
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 Widowed
6. (b) Name of husband or wife Ely Chambers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16, 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 13
year 1946 hour 9:40 P.M. minute 15 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____
12. Name John Martin Mo. 0
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Payne Mo. 0
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Zora Lay
(b) Address 4367 Hunt Removal

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 3/16/46
(Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) MAR 14 1946 J. F. Brudick
(Date received local registrar) (Registrar's signature)

Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
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) _____
(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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Patrick E. Taylor (M. D. or other) 3
Address deputy coroner Date signed 3.14.46

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

9500

89

MOTHER, FATHER

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.....
Licensed Embalmer No.....
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.