No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35589

FILED NOV 3 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 9646

WRITE PLAINLY—USING 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: St. Mary's Inf.
(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 Ill. (b) County St. Clair 999

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 Piggott 0
(If rural, give location)

(e) Citizen of foreign country? NR No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Mozella Chambers

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem. 3

5. Color or race Col

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

6. (b) Name of husband or wife Sidney Chambers

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June (Month) 20 (Day) 1900 (Year)

8. AGE: Years 47 Months 3 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harry Boncyport
13. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Nancy Hawkins
15. Birthplace (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Sidney Chambers
(b) Address E. St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair County, Ill.

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3517 Laclede

19. (a) OCT 17 1947 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th year 1947 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from 10-6-47, 19, to 10-14-47, 19; that I last saw her alive on 10/14/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	1 hr
Due to Thrombophlebitis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 100	

Major findings:
Of operations
Of autopsy Sam

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature H.H. Rothers (M.D. or other) 1 P

Address 1421 Kansas Date signed 10/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... R. M. Green ....., Registered Apprentice No. ..... working under my personal supervision.

Signed R. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Av

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.