

FILED FEB 25 1948 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1111

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: Lutheran Hospital
(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)

3. (a) PRINT FULL NAME Elizabeth Chamness
3. (b) If veteran, name war No 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 George Chamness 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased July 6 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 26 ..br.min.

9. Birthplace Creal Springs Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name G.W. Reed

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. McCormick

(b) Address Carbondale, Ill.

17. (a) Removal (b) Date thereof 2-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carbondale, Ill.

18. (a) Signature of funeral director Albert H. Honpe

(b) Address 4700 Washington Blvd

19. (a) FEB 3 1948 (b) J. J. Brock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson 999
(c) City or town Carbondale //
(If outside city or town limits, write "RURAL")
(d) Street No. 503 W. College //
(If rural, give location) 2
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 23, 1948, to Feb. 2, 1948, 1948; that I last saw her alive on Feb. 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Duration ?

Due to Streptothricosis msc.

Due to 113

Other conditions (Include pregnancy within 3 months of death) ?

Major findings: Tissue removed from right thigh for biopsy
Of operations.....
Of autopsy none

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)
While at work?..... (e) Means of injury 0

23. Signature J. Louis Hetherington M. D. or other M. D. Address 3605 Gravois Date signed 2/3/48

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

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 _____

J. Allen Davis Jr.

Licensed Embalmer No. *4056*

P. O. Address *St Louis*

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.