

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21841

318

1003

Registrar's No. 5987

BIRTH NO.		REG. DIST. NO.	318	PRIMARY REG. DIST. NO.	1003	Registrar's No.		5987	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1222 Hampton Ave.				d. STREET ADDRESS (If rural, give location) 1222 Hampton Ave.					
3. NAME OF DECEASED (Type or Print)			a. (First) Lester	b. (Middle) C.	c. (Last) Chambers	4. DATE OF DEATH (Month) (Day) (Year) June 26 1952			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 10, 1877		9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture Machine			10b. KIND OF BUSINESS OR INDUSTRY Oper. Esquire Thea.		11. BIRTHPLACE (State or foreign country) Boston, Mass		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James M. Chambers			13b. MOTHER'S MAIDEN NAME Linda Belle Lee		14. NAME OF HUSBAND OR WIFE Ethel A. Chambers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel A. Chambers, 1222 Hampton Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis Aneurysia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>260X</u>				
22. I hereby certify that I attended the deceased from <u>Oct 2</u> , 19 <u>51</u> , to <u>Jun 26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 25</u> , 19 <u>52</u> , and that death occurred at <u>1:25A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Oliver J. M. ... M.D.</u>				23b. ADDRESS <u>7-619 ...</u>			23c. DATE SIGNED <u>6/26/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <u>U.S.</u>		24b. DATE June 28, 1952		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUN 26 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hormeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.</u>				

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

Dr. O. J. McNamee
7619 Ivory Ave.
HU 9502

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 2814 1/2 Broadway

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.