

# STANDARD CERTIFICATE OF DEATH

XC-573 080  
REG. #102,992  
BIRTH NO.

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3342**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (In this place) <b>189 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>629 W. EDWARDS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLOYD</b>	b. (Middle) <b>(NMI)</b>	c. (Last) <b>CHAMBERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-29-52</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-15-98</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE REPAIRMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign, Country) <b>GREEN CO., PA.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>DAVID CHAMBERS</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH POUCH</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN CHAMBERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	(If yes, give war or dates of service) <b>WW-1</b>	16. SOCIAL SECURITY NO. <b>232 09 9425</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>	ADDRESS
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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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LIVER, HEPATIC TYPE</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>NODULAR CIRRHOSIS</b> DUE TO (c) <b>156A</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PERFORATING GASTRIC ULCERS, TWO</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-23-52**, 19**52**, to **12-29-52**, 19**52**, and that death occurred at **3:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. T. KAMINSKAS, M.D.</b>	23b. ADDRESS <b>VAH JEFF BRKS, MO.</b>	23c. DATE SIGNED
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24a. BURIAL OR CREMATION (Specify) <b>BURIAL</b>	24b. DATE <b>12-30</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>12-30-52</b>	REGISTRAR'S SIGNATURE <b>Huckett R. D...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>6322 S. Grand</b>
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**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

*David Van Horn*

Licensed Embalmer No. *1512*

P. O. Address *6322 So Grand*

**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.