

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14303**
Registrar's No. **3335**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **12 year**
c. CITY OR TOWN **St. Louis** d. Is residence within limits of a city or incorporated town? **Yes** No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5841 Devonshire Ave**
e. STREET ADDRESS (If rural, give location) **5841 Devonshire Ave** **2199**

3. NAME OF DECEASED (Type or Print) a. (First) **DOROTHY** b. (Middle) **CHAMBERLAIN** c. (Last) **ZAHNER.** 4. DATE OF DEATH (Month) (Day) (Year) **April 13, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Nov. 12, 1895** 9. AGE (In years last birthday) **58** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Omaha, Nebraska** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James D. Chamberlain** 13b. MOTHER'S MAIDEN NAME **Alice Spalding** 14. NAME OF HUSBAND OR WIFE **Oscar A. Zahner**

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. **none** 17. INFORMANT'S SIGNATURE OR NAME **Oscar A. Zahner** ADDRESS **5841 Devonshire Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **1 day**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES **15 yrs.**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Hypertensive cardio-vascular disease**
DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS **15 yrs**
Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes mellitus**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **443X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 23, 1950**, to **present**, that I last saw the deceased alive on **Apr 9, 1954**, and that death occurred at **2 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert M. Smith** (Degree or title) **M.D.** 23b. ADDRESS **114 N. Taylor** 23c. DATE SIGNED **4/14/54**

24a. BURIAL, CREMATION REMOVAL (Specify) **REMOVAL** 24b. DATE **April 17, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Our Redeemer Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **APR 14 1954** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **G.R. Lupton & Sons** ADDRESS **7233 Delmar Blvd**

mJB (Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence A. Murray*

Licensed Embalmer No. *406*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.