

STANDARD CERTIFICATE OF DEATH

State File No. **20305**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5175**

**1. PLACE OF DEATH**  
 a. COUNTY **St. Louis, Missouri**  
 b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis** OR TOWN **0**  
 c. LENGTH OF STAY (In this place) **0**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **2129**  
 c. CITY OR TOWN **St. Louis**  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) **724 Aubert**

**3. NAME OF DECEASED**  
 a. (First) **Septer** b. (Middle) \_\_\_\_\_ c. (Last) **Chambers**  
 4. DATE OF DEATH (Month) **6** (Day) **7** (Year) **1954**

**5. SEX** **Male** **2-** **6. COLOR OR RACE** **C.** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married** **7**  
**8. DATE OF BIRTH** **7-6-1884** **9. AGE** (In years \*last birthday) **69** **11** **1** **1** **1**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Mechanic** **10b. KIND OF BUSINESS OR INDUSTRY** **Unknown**  
**11. BIRTHPLACE** (City and State or Foreign Country) **Little Rock, Arkansas** **12. CITIZEN OF WHAT COUNTRY?** **U.S.S.A.**

**13a. FATHER'S NAME** **Henry Chambers** **13b. MOTHER'S MAIDEN NAME** **Sarah Patton** **14. NAME OF HUSBAND OR WIFE** **Nettie Chambers**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Ethel Drake** **ADDRESS** **--724 Aubert**

**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.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Pulmonary Tuberculosis**  
**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** **Malnutrition**  
 Conditions contributing to the death but not related to the disease or condition causing death. **Dehydration**

**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)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **002X**

**22. I hereby certify that I attended the deceased from** **4-24**, **1954**, to **6-7**, **1954**, that I last saw the deceased alive on **6-7**, **1954**, and that death occurred at **7:30A** m., from the causes and on the date stated above.

**23a. SIGNATURE** **Earl Bella Smith** (Degree or title) **M. D. O.** **23b. ADDRESS** **2601 N. Whittier** **23c. DATE SIGNED** **6-8-54**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **6-11-1954** **24c. NAME OF CEMETERY OR CREMATORY** **Greenwood** **24d. LOCATION** (City, town, or county) (State) **St. Louis County** **Mo**

**DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE** **J. Earl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Peoples Undertaking** **ADDRESS** **60-3100 Franklin**

WRITE PLAINLY--USING UNFAADING 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 *H. Claude Good*

Licensed Embalmer No. *340*

P. O. Address *45750*

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.