

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29394

FILED AUG 23 1954

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>1929</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (If this place) <u>3 Yrs.</u>		c. CITY OR TOWN <u>Maplewood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2860 Bartold Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>2860 Bartold Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>			b. (Middle) <u>E.</u>		c. (Last) <u>CHAMBERLAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 6, 1868</u>		9. AGE (In years last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dillon, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James M. Dillon</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grisham</u>			14. NAME OF HUSBAND OR WIFE <u>Late Delbert Chamberlain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Chamberlain</u>				ADDRESS <u>2860 Bartold Ave.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Arteriosclerotic Cardio Vasculis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 days</u> <u>5 yrs +</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Oct 17, 1953</u> , to <u>7 Aug, 1954</u> , that I last saw the deceased alive on <u>7 Aug, 1954</u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Norman W. Deey M.D.</u>				23b. ADDRESS <u>634 N. Grand</u>				23c. DATE SIGNED <u>7 Aug 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>		24b. DATE <u>Aug. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8/17/54</u>		REGISTRAR'S SIGNATURE <u>Wesley R. Sommers</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>				

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

4004

MO. 5. 1-4

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 *John A. Johnson*.....

Licensed Embalmer No. 4533

P. O. Address

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.