

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38092

State File No. 1003  
Registrar's No. 9590

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9590		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Mo.)		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. John's Hospital				e. STREET ADDRESS (If rural, give location) 4134 Chouteau Ave.				
3. NAME OF DECEASED (Type or Print) John T. Chambers			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Nov 3 1955		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH June 11 1903		9. AGE (In years last birthday) 52		10. MONTHS 4		11. DAYS 22		
12. CITIZEN OF WHAT COUNTRY U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		
13a. FATHER'S NAME Tapley Chambers		13b. MOTHER'S MAIDEN NAME Cloa Crone		14. NAME OF HUSBAND OR WIFE Georgia 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 Mrs. Georgia Chambers				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		Arterio sclerotic Coronary art disease				24/49?		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				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 3 Nov 1955, to 3 Nov 1955, that I last saw the deceased alive on 3 Nov 1955 and that death occurred at 11:45 a.m., from the causes and on the date stated above.								
23a. SIGNATURE J. H. Bald MD				23b. ADDRESS 6000 W. Koenig		23c. DATE SIGNED 3 Nov 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 3 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Rolla Mo.		
DATE REC'D BY LOCAL REG. NOV 3 1955		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Cullinan		ADDRESS 3320 N. Kingshigh way		

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

NOV 18 1953

MAR 15 1958

**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 *Ronald O. Yabus*.....

Licensed Embalmer No. *38*.....

P. O. Address *St Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.