

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10274

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Pine Lawn</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <u>6336 Myron Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) _____ c. (Last) <u>Chambers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 3 - 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3 - 26 - 1906</u>		9. AGE (in years last birthday) <u>50</u> 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) <u>Accountant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Leschen Wirestry Rope Company</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Vincennes, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown Chambers</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Treche</u>			14. NAME OF HUSBAND OR WIFE <u>Elnor Janoski Chambers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elnor Chambers, 6336 Myron 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HOMOLOGOUS SERUM HEPATITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BLOOD TRANSFUSIONS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5410</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> <u>2 1/2 MONTHS</u>	
19a. DATE OF OPERATION <u>1/16/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>SUBTOTAL GASTRECTOMY FOR DUODENAL ULCER</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5410</u>					
22. I hereby certify that I attended the deceased from <u>3/29</u> <u>1956</u> to <u>4/3</u> <u>1956</u> , that I last saw the deceased alive on <u>4/3</u> <u>1956</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul D. Lother MD</u>				23b. ADDRESS <u>ST. CHARLES, MO</u>		23c. DATE SIGNED <u>4/5/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>4/6/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 5 1956</u>		REGISTRAR'S SIGNATURE <u>Harriet Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

St. Louis Mo.

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Wed & Thurs. 10:30 - 12
2 - 4

LIO N. MATH ST. CO. CHARLES, MO.

APR 10 1958

FEB 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

P. O. Address.....

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