

pt. Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030251

STATE FILE NUMBER

11 SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7601

2009  
S. 300

v. 1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where Deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Jewish Hospital		Length of stay in lb 33yrs	d. STREET ADDRESS 27 708 Greely		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Prof. LAWSON POWERS CHAMBERS			4. DATE OF DEATH Month Day Year Aug. 3, 1958		
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1882		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Prof.		10b. KIND OF BUSINESS OR INDUSTRY Washington Univ.	11. BIRTHPLACE (City and state or country) Erzroom, Turkey		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Chambers		13b. MOTHER'S MAIDEN NAME Bessie Lawson		14. NAME OF HUSBAND OR WIFE Ada E Chambers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 499-34-0455	17. INFORMANT Address Mrs F. H. Campbell 750 Clark (19)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis, generalized. DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 day years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1951 to 1958 and last saw her alive on 8/3/58 Death occurred on 8/3/58 at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Curton A. Jatz M.D.			22b. ADDRESS 4632 Maryland		22c. DATE SIGNED 8/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Aug. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar			25. DATE RECD. BY LOCAL REG. AUG 6 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M. J. B.

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.

*Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed *J. Sullivan* .....  
Licensed Embalmer No. ....

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.