

**REGISTRATION STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

16374

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1088  
 City St. Louis No. 2607<sup>th</sup> St. Vincent St. .... Ward)

File No.....  
 Registered No. 4885  
 St. .... Ward)

**2. FULL NAME**

Lois H. Chamberlain

(a) Residence. No. 2607<sup>th</sup> St. Vincent St. 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Chamberlain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-19-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
68 5 2

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) 235  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis County, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Kempstead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown Link

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Co., Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Wm. Chamberlain  
 (Address) 2607<sup>th</sup> St. Vincent

15. FILED 23 Wm. Chamberlain REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-21-1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1931, to Apr. 21, 1931, that I last saw her alive on Apr. 21, 1931, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
930

(duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 930  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. J. Peyton, M. D.  
 , 19 (Address) 3430 S. Jefferson

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Free Free 4-24 1931

20. UNDERTAKER M. Laughlin ADDRESS 1631 No.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

