

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

Do not use this space.

10567

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. City Hospital)

21012 Edna Chamberlain

2. FULL NAME

(a) Residence, No. 4360 Washington St. 19

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

791
1000

File No.

Registered No. 2632

St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25-1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>6</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Edwin Taberling

14. BIRTHPLACE (CITY OR TOWN) Malss (STATE OR COUNTRY) Mass.

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) New Jersey (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 3-19-1932

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1432 Massachusetts

20. FILED MAR 19 1932 City Hospital Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1932 to Mar. 17th, 1932
I last saw her alive on Mar. 17, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
93C

Other contributor causes of importance: Chronic Myocarditis
①

Name of operation clean Date of 7/2

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Raymond J. Jacobs, M. D.
(Address) West 11th Street

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.

C. H. Ambler

PHYSICIAN'S STATE
very important.