

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

Do not use this space.

7548

**1. PLACE OF DEATH**

County..... Registration District No. ....  
 Township..... Primary Registration District No. ....  
 City St. Louis Mo (No. Barnes Hospital)

File No. ....  
 Registered No. 1504  
 St. .... Ward)

**2. FULL NAME** Dr. Wesley Alonzo Chamberlain

(a) Residence. No. 5359 Cabanne Ave. St. 12 Ward.  
 (Usual place of abode)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF EMILIE L. (Wilson) Chamberlain (OR) WIFE OF Emilie Chamberlain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1877-12-13

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 58 2 0

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

9. BIRTHPLACE (CITY OR TOWN) Muskegan, Mich.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Alonzo Wesley Chamberlain  
A. W. Chamberlain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.  
 (STATE OR COUNTRY) SULLIVAN, OHIO

12. MAIDEN NAME OF FATHER Fanny Cornelia Tuttle  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbus, OHENANG, Co., N. Y.  
 (STATE OR COUNTRY)

14. INFORMANT H. W. Chamberlain  
 (Address) 5359 Cabanne av.

15. FEB 11 1933 May O. Parker  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13-1933

17. I HEREBY CERTIFY, That I attended deceased from 1-25-1933 to 2-13-1933, and that I last saw him alive on 2-12-1933, and that death occurred, on the date stated above, at 12:35 p.m.

THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:

Tumor of Brain (Benign)  
57A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? E. W. Iron M.

(Signed) 2/13/33 (Address) BARNES HOSPITAL

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 2/15/33 19

20. UNDERTAKER Robert [Signature] ADDRESS Clayton Rd., at Concordia

CORRECTIONS BY AFFIDAVIT OF SON (Informant) 6-27-41 T.W.C.

Dr. Edward W. Iron

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of——(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

STATE OF MISSOURI )  
COUNTY OF COLE ) SS.

Before me personally appeared Thomas W. Chamberlain who resides at 5359 Cabanne Avenue, St. Louis, Missouri and makes the following statement:

That he desires to correct the following items on the death certificate of his father, Wesley Alonzo Chamberlain, who died at the Barnes Hospital in St. Louis, Missouri on February 13, 1933, certificate #7548 filed in the City of St. Louis, February 14, 1933.

Item #5A should read Emilie L. Wilson Chamberlain instead of Emilie Chamberlain.

Item #6 should read December 13, 1877 instead of December 13, 1876.

Item #7 should read 55 years, 2 months and 0 days instead of 56 years, 2 months and 0 days.

Item #10 should read Alonzo Wesley Chamberlain instead of A. W. Chamberlain.

Item #11 should read Sullivan, Ohio instead of N. Y.

Item #15 should read Fanny Cornelia Tuttle instead of Cornelia Tuttle.

Item #16 should read Columbus (Chenango County) New York.

This information has been related to me by my aunt, Mary Chamberlain Smith (Mrs. Kenneth G.) of Lansing, Michigan who has maintained careful family records.

Further deponent sayeth not.

Thomas W. Chamberlain

Deponent

Subscribed and sworn to before me this the  
27th day of June, 1941.

James Canada  
Notary Public

My commission expires the 29th day of  
December, 1942.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

7548-33  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wesley ALONZO CHAMBERLAIN

(a) Residence, No..... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-33, 19

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1877-12-13

to ..... 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 2 1

I last saw h..... alive on....., 19..... Death is sa

to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follow

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as saw mill, bank, etc.....  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Date of on

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskegon Mich Muskegon County

Other contributory causes of importance:

13. NAME Alonzo Wesley Chamberlain  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Ohio

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Fanny Cornevig Tuttle  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Chicago County N.Y.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. K. G. Chamberlain Smith - Lansing Mich

Manner of injury.....

Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed)....., M.

19. FUNERAL DIRECTOR (ADDRESS).....

20. FILED....., 19.....

(Address).....

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B. - Every item of information should be carefully supplied. None should be omitted.

8457-5

1933	2	13
1877	2	13
<u>55</u>	2	