

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.

WHITE FEMALE, WITH UNFADING HAIR—THIS IS A PERMANENT RECORD

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

Do not use this space.

NOV 2 1935

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No. **City**

City **St. Louis** (No. **179011**)

CORA CHAMBERLAIN

File No. **31278**
Registered No. **8078**
St. Ward)

2. FULL NAME

(a) Residence, No. **5090** St. **Waffle** Ward. **12**
(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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS abt 83	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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

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

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Unknown**

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) **Shop Day City**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **City 9/27/35**

19. UNDERTAKER (ADDRESS) **David Van Jordan**

20. FILED **26** 1935 19 **J. F. Breideck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 18, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **9/16**, 19**35**, to **Sept 18, 1935**

I last saw him alive on **Sept 18, 1935**. Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

Degenerative Arteriosclerosis Date of onset **930**

Other contributory causes of importance: **Chronic hypertension**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... (Signed) **J. F. Breideck**, M. D.

(Address) **City St. Louis**

