

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 18 1938

791

1003

Do not use this space.

29187

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No.....)Sanitarium St.....

File No.....

Registered No.....

7968

Ward.....

2. FULL NAME William Chamberlain(a) Residence, No. 3928 Bell Ave.St., 11

Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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
(OR) WIFE OFCora Chamberlain6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

65716

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....Bookmaker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.....Bookmaker10. Date deceased last worked at
this occupation (month and
year).....January 191111. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)Unknown
Michigan

FATHER

13. NAME

Wm. Chamberlain14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)Unknown
Michigan

MOTHER

15. MAIDEN NAME

Eva Mattie16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)Unknown
Michigan

17. INFORMANT

(ADDRESS)

Hubert P. Smith
5400 Arsenal St18. ~~USUAL~~ CREMATION, OR ~~REPOSE~~

PLACE

City Infirmary DATE Jul. 29, 1938

19. UNDERTAKER

(ADDRESS)

J. Ryan
5800 Arsenal

20. FILED

Jul 28 1938J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1930, 19....., to July 24, 1936 19.....I last saw him alive on July 24, 1936..... Death is saidto have occurred on the date stated above, at 5:20 P.M.

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

Broncho Pneumonia 7-23-36 Date of onset

Other contributory causes of importance:

Arteriosclerosis 1930x

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

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

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? NO

If so, specify

(Signed) Hubert P. Smith, M. D.(Address) 5400 Arsenal St

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.

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