NOV 15 1937

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

35707
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9284
(c) City Saint Louis (d) Street No. 2601 N Whittier 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.
life (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Infant Chambers
(a) Residence, No. 235 S Beaumont St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ----
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 26, 1937
7. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

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

FATHER
13. NAME Thomas Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER
15. MAIDEN NAME Isalee DeLoche
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Oct 4 1937

19. FUNERAL DIRECTOR (ADDRESS) A L Beal 3627 Treasure

20. FILED OCT 4 1937 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937, to Oct. 1, 1937
I last saw her alive on Oct. 1, 1937. Death is said to have occurred on the date stated above, at 6:30 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Paralysis due to birth injury	9/26/37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Harold Thornell, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNLEADING 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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, John E Pope, Licensed Embalmer No. 1463

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. John E Pope

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed John E Pope

Licensed Embalmer No. 1463.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)