

FEB 16 1938

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

3995
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 96
(b) Township Clayton Primary Registration District No. _____ Registered No. 236
(c) City Clayton (d) Street No. St. Louis County Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 William Chambers 516
(a) Residence, No. 1526 Lulu, Wellston, Mo. 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OF (OR) WIFE OF Alice Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
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) Mo.

FATHER 13. NAME James M. Chambers

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

MOTHER 15. MAIDEN NAME Berthina Carter

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

17. INFORMANT (ADDRESS) Alice Chambers
Wife

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballalla DATE 2-7 1938

19. FUNERAL DIRECTOR (ADDRESS) Pleitsch
5966 Easton Ave

20. FILED 2-4 1938 T.P. Major M.D., H.A. P.H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-31-38 to 2-4-38, 1938
I last saw him alive on 2-4-38 at 12:06 P.M. Death is said to have occurred on the date stated above, at _____ m.

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

Cardiac decompensation Date of onset 7/1/38
Hypostatic pneumonia 7/7/38

Other contributory causes of importance:

Smoking ASBZ

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? h

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? h

If so, specify _____

(Signed) R. P. Johnson M. D.

(Address) St. L. Co. Hospital

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.

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STATEMENT BY LICENSED EMBALMER

I, Al C Gibson, Licensed Embalmer No. 3454

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Al C Gibson

Licensed Embalmer No. 3454

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.)