

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

12119  
Do not use this space.

REC'D APR 8 1938

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 784  
 (b) Township St. Anthony Primary Registration District No. 117  
 (c) City Webster Groves (d) Street No. 65 N. Gore 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 52 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 457

**2. PRINT FULL NAME**

JOSEPH FRENCH CHAMBERLAIN 516  
 (a) Residence, No. 65 N. Gore Ave 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 HUSBAND OF (OR) WIFE OF Lenoria Chamberlain  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1885  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
52 8 35  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 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) 4-30 11. Total time (years) spent in this occupation —  
 12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Webster Groves Missouri  
 FATHER 13. NAME Octavius Chamberlain  
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Hartsville Indiana  
 MOTHER 15. MAIDEN NAME Elizabeth Gregg  
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis Missouri  
 17. INFORMANT Rev. William J. Sage  
 (ADDRESS) 710 Inxedo Bend.  
 18. BURIAL, CREMATION OR REMOVAL PLACE Cath. Hall DATE Mar 12 1938  
 19. FUNERAL DIRECTOR Yasky and Co.  
 (ADDRESS) Webster Groves  
 20. FILED 7-12 1938 R. Meyers Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1938  
 22. I HEREBY CERTIFY That I attended deceased from March 1936 to March 10 1938  
 I last saw him alive on March 9th 1938. Death is said to have occurred on the date stated above, at 7 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis  
chron pulmonary  
22 yrs.  
 Date of onset  
 Other contributory causes of importance:  
Nephritis  
 Name of operation Thoracoplasty Date of 3/23/38  
 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?  
 If so, specify —  
 (Signed) W. Alford Smith M. D.  
 (Address) Webster Groves

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.

STATEMENT BY LICENSED EMBALMER

I, Corrin B. Lang, Licensed Embalmer No. 1581

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

..... L. E. ....

No..... or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed Corrin B. Lang  
Licensed Embalmer No. 1581

**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.)**