

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE known or stated EXACTLY. Exact statement of OCCUPATION is very important.

27 1939

REC'D MAY 11 1939

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

16145  
Do not use this space.

1. PLACE OF DEATH 2

(a) County St. Louis Registration District No. 784

(b) Township Bermeo Primary Registration District No. 200 Registered No. 763

(c) City Sherman (d) Street No. Sherman, Mo. St.

(e) Length of residence in city or town where death occurred 80 yrs., mos., ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Chambers

(a) Residence, No. Sherman, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah G. Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13-1875

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>7</u>	<u>12</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hoisting engineer

9. Industry or business in which work was done, as saw mill, bank, etc. Oredoe boat on river

10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo.

FATHER

13. NAME Un known

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

MOTHER

15. MAIDEN NAME Un known

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

17. INFORMANT Ronnie Krussels (ADDRESS) Sherman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery Kirkwood, Mo. DATE April 28-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Schraden Funeral Home Ballwin, Mo.

20. FILED APR 27 1939 W. M. Meyers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25-1939

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1939, to April 25, 1939

I last saw him alive on April 25, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Chronic myocarditis  
Chronic nephritis  
with aneurysm  
arteriosclerosis

Date of onset

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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 home

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) B. P. Loving, M. D.  
(Address) Ballwin, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Theo. Schuster*

Licensed Embalmer No.....

*3066*

P. O. Address.....

*Dallwin, Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**