

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.

REC'D MAY 19 1939

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

16262  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 809  
 (b) Township Flax Corn Primary Registration District No. 4487 Registered No. \_\_\_\_\_  
 (c) City Gorm or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Zelda Chambers  
 (a) Residence, No. 2000 E. 2nd 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 Female 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 John A. Chambers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1865

7. AGE YEARS 73 MONTHS 4 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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 John A. Wiley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER  
 15. MAIDEN NAME Mary Wise  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Jane Chambers  
Gorm, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gorm DATE Dec 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herbert Budeck  
Gorm, Mo

20. FILED April 7 1939 Mrs. Richard E. Sheehy  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1939 to Dec 27 1938  
 I last saw h. or alive on Dec 25 1938. Death is said to have occurred on the date stated above, at 11 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Dialysis  
59  
 Other contributory causes of importance: influenza

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

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) Don Price, M. D.  
Myacanda Mo. (Address)

Date of onset  
about  
Nov 28  
1938

FEB 17 1942

MAY 10 1942

RECEIVED

District Health Officer No. 10

District File Number 10-39-940  
Date Filed MAY 9 1939

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.....

Fredrick Sherrill, Jr......, Registered Apprentice No. 168  
working under my personal supervision.

Signed Geo V Borker.....

Licensed Embalmer No. 1817

P. O. Address Wilmington, 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.