

1939 JUL 12 1939

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

20165
Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
(b) Township..... Primary Registration District No.....¹⁰⁰³
(c) City St. Louis (d) Street No. 4706 Minnesota 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 Antoinette Chambers

(a) Residence, No. 4706 Minnesota St. 15 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(late) Thomas Chambers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>72</u>	<u>-</u>
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.
<u>none</u>		<u>none</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>None</u>		<u>None</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Ben Bishy</u> (ADDRESS) <u>4706 Minnesota</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>6-3-39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Southern Und. Co.</u> (ADDRESS) <u>63225 Grand</u>		
20. FILED <u>JUN 2 1939</u> <u>J. F. Buehler</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31-1939

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939 to May 31, 1939
I last saw h.e.p. alive on May 31, 1939 Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Chronic Myocarditis

Other contributory causes of importance:
Arterio-sclerosis
Secondary Anemia

Name of operation..... Date of.....
What test confirmed diagnosis Urinal. findings 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) Roman J. Thompson, M. D.
(Address) 6500 Virginia

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 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..... *Firgil L. Berryman*.....

Licensed Embalmer No..... *94018*.....

P. O. Address..... *St. Louis 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.