

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 1 X1951

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution 2 Days
In this community _____ years, months or days

NOV 13 1939

3. (a) PRINT FULL NAME John Chambers 516
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Chambers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 10, 1856

8. AGE: Years 83 Months 9 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Duncanville Ohio

10. Usual occupation Retired Engineer

11. Industry or business Stationary Business

12. Name Unknown Chambers

13. Birthplace Unknown Unknown

14. Maiden name Mary Black

15. Birthplace Unknown Unknown

16. (a) Informant's own signature Roy Chambers
(b) Address 3933a North 21st St.,

17. (a) Removal (b) Date thereof 10/28/39
(c) Place: burial or cremation Bunker Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 26 1939 (b) J. F. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri/ (b) County _____
(c) City or town St. Louis 26
(d) Street No. 3933a North 21st St.,
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25,
year 1939 hour 2:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 24, 1939 to October 25, 1939:
that I last saw him alive on October 25, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Senile dementia

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature John J. Alvo (M. D. or other) _____
Address 1515 Lafayette, Date 10/26/39

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

Robert G. Hoppa

Licensed Embalmer No. 2971

P. O. Address.....

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.