V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35249

FILED NOV 23 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9430

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12
(c) City or town St. Louis, 112
(If outside city or town limits, write "RURAL")
(d) Street No. 2808a N. Newstead
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Chambers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 20, 1901 (Month) (Day) (Year)
8. AGE: Years 41 Months 9 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) Ala. (State or foreign country)
10. Usual occupation Maid
11. Industry or business
12. FATHER Name George Chambers
13. FATHER Birthplace (City, town, or county) Ala. (State or foreign country)
14. MOTHER Maiden name Nonie Powell
15. MOTHER Birthplace (City, town, or county) Ala. (State or foreign country)
16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros.
(b) Address 3704 Finney
19. (a) NOV 12 1942 (Date received local registrar) (b) J. F. Breleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9, year 1942 hour 6 minute 55 A. M.
21. I hereby certify that I attended the deceased from October 10, 1942 to November 9, 1942; that I last saw her alive on November 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Diseaae with Decompensation	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. ~~coroner~~)
Address 2601 Whittier Date signed 11/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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, fact should be so stated above.