

FILED JUN 11 1943
Registration District No. **1943**

Primary Registration District No. **5431**

36
00
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FRANKLIN Co.

(b) City or town ROBERTSVILLE ROUTE 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PRAIRIE TWP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 7 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES #1
(If outside city or town limits, write "RURAL")

(d) Street No. 106 PLANT AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Ephraim Chamberlin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMILY T CHAMBERLIN alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased JAN-17-1873
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

70 3 24 _____ hr. _____ min.

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER-REFRIGERA

11. Industry or business ICE LEVEL CO.

12. Name EDWARD C. CHAMBERLIN

13. Birthplace ST. JOHNSBURY VERMONT
(City, town, or county) (State or foreign country)

14. Maiden name HARRIET EDGELL

15. Birthplace ANDOVER MASS.
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen E. Chamberlin

(b) Address 240 Blackmer Place

17. (a) BURIAL (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES

19. (a) MAY 12-1943 (b) O. J. King, M.
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (Means of injury)

23. Signature Gerard L. Altman (or other) _____

Address Gerard, Missouri Date signed 5-11-43

1170

FEB 5 1945

OCT 31 1958

JUL 8 - 1943

Handwritten notes: "AUG 18 1944" and "H" with other illegible scribbles.

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 B B Aldrich

Licensed Embalmer No. 1332

P. O. Address. Rehler Groves

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.