

FILED SEP 17 1943

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 7955

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Charles W. Chamberlin

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Jennie N. Chamberlin 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Apr. 4 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	29	hr. min.

9. Birthplace Berlin Wisc.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Clinton Chamberlin

13. Birthplace Wisc.  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Perry

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

16. (a) Informant Mrs. Linnea Gehring

(b) Address 1039 Childress Ave.

17. (a) Burial (b) Date thereof 9-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 6 1943 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4857 Leduc St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3  
year 1943 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 8-27, 1943 to 9-3, 1943  
that I last saw him alive on 9-2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
93

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?

While at work?..... (Specify type of place) (c) Means of injury.....  
23. Signature Theodore J. ... M. D. or other.....  
Address 4500 Olive Date signed 9/11/43

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

MOTHER, FATHER

By \_\_\_\_\_, Embalmer  
Victoria K. King, F.O. 3877

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**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 Albert R. Thompson  
Licensed Embalmer No. 4237  
P. O. Address St. Louis

**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.**