

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9876**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether
years, months or days) **20 yrs 3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **24 South 23rd St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Columbus Chambers**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **709-09-9185**

4. Sex **male** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Edna** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **Feb 14 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 22 hr. min.

9. Birthplace **Honey Grove Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **cab cleaner**

11. Industry or business **The Pullman Company**

12. Name **Thomas C. Chambers**

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

14. Maiden name **Mary Elizabeth Ingleson**

15. Birthplace **Honey Grove Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Chambers**

(b) Address **24 South 23rd Street**

17. (a) **Removal** (b) Date thereof **11-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chalander, Ala.**

18. (a) Signature of funeral director **J. H. ...**

(b) Address **3133 Bell Ave**

19. (a) **NOV 11 1943** (b) **J. ...**
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6th**
year **1943** hour **6:15** minute **A.** 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.

Immediate cause of death _____

Coronary Thrombosis;

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **W. H. Perry** (M.D. or other) _____

Address **Chalander, Ala.** Date signed **11/11/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2719 Chouteau*

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.