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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4241

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 91

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town PINE LAWN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3620 PINE GROVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 18 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINE LAWN (If outside city or town limits, write "RURAL")

(d) Street No. 3620 PINE GROVE (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME E. LYLE CHAMBERS

3. (b) If veteran, name war —

3. (c) Social Security 489-01-3287

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife LULIE CHAMBERS

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased DEC (Month) - 3 (Day) - 1880 (Year)

8. AGE: Years 63 Months 1 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace LINCOLN (City, town, or county) - NEBR (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business —

FATHER
12. Name CHARLES W. CHAMBERS
13. Birthplace UNION (City, town, or county) - IND (State or foreign country)

MOTHER
14. Maiden name EMMA MONTGOMERY
15. Birthplace PETERSBURG (City, town, or county) - IND (State or foreign country)

16. (a) Informant Mrs. Lulie Chambers

(b) Address 3620 Pine Grove

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) JAN 13 1944 (Date received local registrar) (b) E. G. McGovern, M.E. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 7 1943, to Jan 11 1944 that I last saw him alive on Jan 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular-Renal Disease Hypertensive. Duration Indf

Due to .....

Due to .....

Other conditions Cancer of throat (Include pregnancy within 3 months of death) Indf

Major findings:
Of operations .....
Of autopsy 1/5 C

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 Josh Grossberg (M. D. ~~or other~~)

Address 3601 Center Dr. St Louis, Mo Date signed 1/11-44

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis, Mo

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.