

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0

Registrar's No. 535

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1526 Lulu Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ALICE CHAMBERS

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William Chambers 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 6, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Johan Still
13. Birthplace Dover, Delaware
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Pheppa
15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Xenia Leber
(b) Address St. Louis County Hospital

17. (a) Burial (b) Date thereof 3-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Missouri

18. (a) Signature of funeral director Geo. L. Pleitch, Inc.
(b) Address 5916-18 Eastern Avenue

19. (a) MAR 2 - 1944 (b) E. H. Mason, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1944 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan 29
1944 to Feb 22 1944
that I last saw her alive on Feb. 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery aneurysm, chronic bronchitis

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration
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)
(e) Means of injury 0

23. Signature Anton J. Merlein (M. D. or other)
Address 3507 P. Roman Date signed 2-29-44

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

76
0
0

8209

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.....

Ben Hoffman

Licensed Embalmer No.....

4366

P. O. Address.....

Marino, Me.

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.