

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

19052

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 29 1944
Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 1759

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
812 Lemay Ferry Road
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 812 Lemay Ferry Road
(If rural, give location)

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

3. (a) PRINT FULL NAME James Frank Chambers

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 Married

6. (b) Name of husband or wife Clara Chambers

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 31, 1877
(Month) (Day) (Year)

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

86 4 20 hr. min.

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

10. Usual occupation Street Car Conductor

11. Industry or business Public Service Company

12. Name Chambers

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

14. Maiden name Unknown

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

16. (a) Informant Clara Chambers

(b) Address 812 Lemay Ferry Road

17. (a) Cremation (b) Date thereof May 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Fendler Wnd. Co.

(b) Address 7420 Michigan Avenue

19. (a) MAY 23 1944 (b) E. D. McEvran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day 7 May
year 1944 hour 1:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 18, 1944, to May 20, 1944,
that I last saw her alive on May 20, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy - cerebral Hemorrhage

Due to Hemorrhage

Due to 820

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? _____

(Specify type of place)
While at work? _____ (c) Means of injury 0

23. Signature E. D. McEvran, M.D. (M. D. or other)
Address 6829 U. Ave. Date signed 5/23/44

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

McEvran

907

MAY 26 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.