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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38737

Primary Registration District No. 6076

Registrar's No. 2323

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
In this community 16 YEARS
years, months or days)

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 —

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

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife E. LYLE CHAMBERS

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

7. Birth date of deceased JULY - 31 - 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name DAVID F. DOUBT
13. Birthplace EDWARDSVILLE - ILL
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHERINE L. PHELPS
15. Birthplace — N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosanna Lickleder

(b) Address 3490 Pine Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44
(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) 11/15/44 (Date received local registrar) (b) E. S. McLaurin M.D. (Registrar's signature) cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1944 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from Sept. 26, 1944, to Nov. 13, 1944; that I last saw her alive on Nov. 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

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.

124 b1

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 [illegible] (M. D. or other) M. D.

Address 5074 N. Union Date signed 11-14-44

(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.....

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.