No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10655

Primary Registration District No. 1003

Registrar's No. 3452

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5938 Clemens Avenue
(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 Good

(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5938 Clemens Ave 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nell Hemker Chamberlain

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 Married

6. (b) Name of husband or wife Clarence T. Chamberlain

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

7. Birth date of deceased November 30 - 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Catawissa (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation AtHome

11. Industry or business

FATHER
12. Name George Hemker
13. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Cora Powers
15. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Clarence T. Chamberlain
(b) Address 5938 Clemens Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd

19. APR 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 th
year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from May 15, 1946, to March 29, 1947
that I last saw her alive on March 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Amblyotropic lateral sclerosis — Duration 2 yrs.

Due to

Due to

Other conditions [redacted]
(Include pregnancy within 3 months of death)

[redacted]

Major findings:
Of operations

Of autopsy

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 0

23. Signature Harry K. Purcell (M. D. or other) M.D.
Address 4660 Maryland Date signed 3/29/47.

(Licensed Embalmer's Statement on Reverse Side)

4000 Maryland Ave.
~~RO 0467~~
FO 5751
Dr.H.K.Purnell
2 to 4 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.