

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14931**
 Registrar's No. **4258**

FILED MAY 9 1947
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether years, months or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 217
 (d) Street No. 3534 Lawton Blvd
 (If rural, give location) 9
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME Clinton Chambers
 3. (b) If veteran, name war I
 3. (c) Social Security No. 492-079-849

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 21
 year 1947 hour 11 minute 30 A. M.

4. Sex Male 2 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hilda Chambers
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased 11 14 1888
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-11 1947 to 4-21 1947;
 that I last saw him alive on April 21 1947;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Stomach - Carcinoma
 Duration Undet.

8. AGE: Years 58 Months 5 Days 7
 If less than one day hr. min.

Due to.....
 Due to.....
 Other conditions Lungs - Congestion
 (Include pregnancy within 3 months of death)

9. Birthplace St. Joseph La.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Labor

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy Yes
 Underline the cause to which death should be charged statistically.

11. Industry or business.....
 12. Name Richard Chambers
 13. Birthplace St. Joseph La.
 (City, town, or county) (State or foreign country)
 14. Maiden name Dripps
 15. Birthplace St. Joseph La.
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant Thomas Chambers
 (b) Address 2733 Eugenia
 17. (a) Burial (b) Date thereof 4/28/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation National Cemetery

While at work?..... (Specify type of place)
 (c) Means of injury 0
 23. Signature Edwin B. Williams (M. D. or other) 0
 Address 2601 N. Whittier Date signed 4/22/47

18. (a) Signature of funeral director Anna L. Home
 (b) Address 215 So. Jefferson
 19. (a) APR 25 1947 (b) Abraham
 (Date received local registrar) (Registrar's signature)

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.