V. S. No. 50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 19 1947

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 22812

Registrar's No. 1205

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Clayton, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In front of 445 Carrswold Drive., 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 96
(c) City or town Clayton 5, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 445 Carswold Dr., 3
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GUY CARLETON CHAMBERLAIN.
3. (b) If veteran, name war None.
3. (c) Social Security No. 493-05-7088.

4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Genevieve E. Chamberlain.
6. (c) Age of husband or wife if alive 51. years
7. Birth date of deceased June 28, 1891.
(Month) (Day) (Year)

8. AGE: Years 55. Months 11. Days 13. If less than one day hr. min.

9. Birthplace Jefferson City, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Real Estate Appraiser.
11. Industry or business Chamberlain & Co.,

MOTHER FATHER
12. Name Samuel D. Chamberlain.
13. Birthplace Huntington, Indiana. /
(City, town, or county) (State or foreign country)
14. Maiden name Della D. Caron.
15. Birthplace St. Anne, Illinois. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G. C. Chamberlain.
(b) Address 445 Carrswold Drive.
17. (a) Interrment. (Burial, cremation, or removal) (b) Date thereof 6/14/47. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) 6-16-47 (Date received local registrar) (b) Cecil A. Sharp M.D. (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1947 hour minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Died without medical attendance.	
Cause unknown	
Due to	
Due to 200 C	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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) Nature of injury 0
23. Signature Cecil A. Sharp (M. D. or Coroner) Commissioner of Health
Address Date signed 6-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

50 #2.50 1 0

(5C)

St. Louis Co. Hospital

JUN 19 1947

STATEMENT BY LICENSED EMBALMER

JUL 1 1947

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.