

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38877

FILED DEC 4 1948

Registration District No. 297

Primary Registration District No. 3066

State File No. _____

Registrar's No. 2600

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
900 W. Big Bend 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 Several years
years, months or days)

3. (a) PRINT FULL NAME Ida Thomas Chamberlain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Williams F. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 4 21 _____ hr. _____ min.

9. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name William Thomas

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

14. Maiden name June Tucker

15. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

16. (a) Informant W. T. Chamberlain

(b) Address 4708 Simms Ave., Overland

17. (a) Burial (b) Date thereof 11/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Louis H. Bomp, Inc.

(b) Address 131 W. Argonne Dr., Kirkwood

19. (a) 11-9-48 (b) Cecil A. Z. Sharp, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood Bend Rd.
(If outside city or town limits, write "RURAL")
(d) Street No. 900 W. Big Bend Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1948 hour 5- minute 0 M.

21. I hereby certify that I attended the deceased from Nov. 10
1948, to Nov. 8, 1948;
that I last saw her alive on Nov. 7, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 yrs.

Due to _____
Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature B. Swath (M. D. or other) Feb.
Address Kirkwood Mo Date signed 11/9/48

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 Felix Leonard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23 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.