

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 2542
584
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St, Louis, Mo		c. LENGTH OF STAY (in this place) 2 yrs. 1 mo. 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hosp.				d. STREET ADDRESS (If rural, give location) 3161 Hampton									
3. NAME OF DECEASED (Type or Print) Samantha			a. (First)		b. (Middle) M.		c. (Last) Chalmers		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 10, 1864		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 8	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson, Mo.			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Unknown Person				13b. MOTHER'S MAIDEN NAME Temperance Unknown			14. NAME OF HUSBAND OR WIFE Late Charles						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Madison Chalmers 3161 Hampton Ave.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Vasculature 82.5 DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from 5-1, 1948 to 1-18, 1949, that I last saw the deceased alive on 1-18, 1949 and that death occurred at 1:45 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Masas Ohmots M.D.						23b. ADDRESS 5800 Arsenal			23c. DATE SIGNED 1/19/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.			24d. LOCATION (City, town, or county) St. Louis Co. No.						
DATE REC'D BY LOCAL REG. IAN 20 1949		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			ADDRESS 4228 S. Kingshighway Bl					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edwin M. Dermatt

Signed _____
Student Embalmer

Licensed Embalmer No. 3024

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.