

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13895

State File No. 4150
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 4150	
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3104 Franklin Ave</u>				STREET ADDRESS (If rural, give location) <u>3104 Franklin Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Chambers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29th, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Sept. 11th, 1875</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None- Home</u>		11. BIRTHPLACE (State or foreign country) <u>Nashville, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jake Drake</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Mullen</u>		14. NAME OF HUSBAND OR WIFE <u>Jordan W. Chambers, Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Georgia Mae McCrorey, 3104 Franklin</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypo-tension; Myo-carditis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis Chronic.</u> DUE TO (c)					
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 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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>			
22. I hereby certify that I attended the deceased from <u>Apr-29-1950</u> , to <u>April-29-1951</u> , that I last saw the deceased alive on <u>April-29-1951</u> , and that death occurred at <u>8:54 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Smith M.D.</u> (Degree or title)				23b. ADDRESS <u>1023 No. Grand Blvd</u>		23c. DATE SIGNED <u>5-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3rd 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 2 1951</u>		REGISTRAR'S SIGNATURE <u>L B Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>People's Und. Co., 3100 Franklin Ave</u>			

WRITE PLAINLY—USING UNEADING 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.

Student _____
Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *3489*

P.O. Address *4575 Aldine*

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.