

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38818

State File No.

10639

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10639		
1. PLACE OF DEATH a. COUNTY mo				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) St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST Louis		2259		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				e. STREET ADDRESS (If rural, give location) 210 E. N. 17 ST				
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) _____		c. (Last) Chambers		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1951	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH FEB. 22 1921	9. AGE (In years last birthday) 30	if UNDER 1 YEAR Months 9	if UNDER 1 YEAR Days _____	if UNDER 1 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) labor		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) CRAWFORDVILLE, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME EDWARD CHAMBERS			13b. MOTHER'S MAIDEN NAME HATTIE LOWE		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Cora Lee Fields		ADDRESS 210 E. N. 17th St.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension					INTERVAL BETWEEN ONSET AND DEATH Undet.	
		ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Inguinal Hernia						
19a. DATE OF OPERATION None		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) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HA-5X				
22. I hereby certify that I attended the deceased from 11-18 , 1951, to 11-25 , 1951, that I last saw the deceased alive on 11-25 , 1951, and that death occurred at 10p m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Larence W. Harris M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 11-26-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-51		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Mo.		
DATE REC'D BY LOCAL REG. NOV 30 1951		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Andrew H. Banker				
				ADDRESS 212 Carroll St.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 *myself*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Jhs Yandell*

Licensed Embalmer No. *4243*

P. O. Address *Webster Grove 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.