S. No. 300
Rev. 10-45

FILED DEC 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40205

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3945

1000

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton
c. LENGTH OF STAY (in this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9044 Rosemary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 82 Affton 14230
d. STREET ADDRESS (If rural, give location) 9044 Rosemary 0

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J c. (Last) Chambers

4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 18, 1886
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Union Electric
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WM. CHAMBERS
13b. MOTHER'S MAIDEN NAME JUDITH WALSH
14. NAME OF HUSBAND OR WIFE Gertrude Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-05-3472
17. INFORMANT'S SIGNATURE OR NAME Gertrude Chambers ADDRESS 9044 Rosemary

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Generalized — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 2 1/2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 151X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach c̄ Metastases Generalized.
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Dec 5, 1951, *that I last saw the deceased alive on* Dec 2, 1951, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE John S Sivortuna M.D. (Degree or title)
23b. ADDRESS 3720 Washington Blvd
23c. DATE SIGNED 12/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 12/8/51
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. 12-7-51
REGISTRAR'S SIGNATURE Herbert R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons ADDRESS 7027 Gravois

(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.....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Neville B. Grohwetter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

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.