

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10869

MAR 22 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 291

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4800a Washington Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.			

3. NAME OF DECEASED (Type or Print) CHARLES R. CHAMBERLAIN (Sgt)			4. DATE OF DEATH Feb. 1, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	
8. DATE OF BIRTH Feb. 16, 1928		9. AGE, sex, years, last birthday, Months, Days 21 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	

10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		11. BIRTHPLACE (State or foreign country) Hickman, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Chamberlain		13b. MOTHER'S MAIDEN NAME Minnie Carter		14. NAME OF HUSBAND OR WIFE Single	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Present time		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Chamberlain, St. Louis, Mo.	
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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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial damage- suffered when he was a passenger in an automobile that struck a bridge abutment and he was thrown from the car. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 400 E 8194-31				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis Mo.	
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21d. TIME OF INJURY 2/1/52 9:55P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Blunt impact	
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I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 2:55 m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) CORONER		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 2/4/52	
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24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 2/4/52		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Hickman, Kentucky	
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DATE REC'D BY LOCAL REG. 2-4-52		REGISTRAR'S SIGNATURE Herbert R. D... M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Boop, Inc., Kirkwood, Mo.	
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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 Felix Diaz and.....

Licensed Embalmer No. 3034.....

P. O. Address Kirkwood 222.....

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.