

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11367**  
Registrar's No. **2372**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2372</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, 2129</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5004 WATERMAN AVE.</b>				d. STREET ADDRESS (If rural, give location) <b>12 5004 WATERMAN AVE.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>EDWARD</b>		b. (Middle) <b>LAWRENCE</b>		c. (Last) <b>CHAMBLISS.</b>	
4. DATE OF DEATH (Month) (Day) (Year)		<b>March 1, 1953</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 15, 1896</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman; McKee Door Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Edward Chambliss.</b>		13b. MOTHER'S MAIDEN NAME <b>Thirza Eaton.</b>		14. NAME OF HUSBAND OR WIFE <b>Jane O. Chambliss.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W.I 490-01-4819</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. James B. Jeffery; Olivette, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Morbid 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.				DUE TO (b) <b>Pulmonary Congestion</b>			
				DUE TO (c) <b>Cardiac Hypertrophy</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4341</b>			
22. 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 <b>1105A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick C. Taylor, Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3/2/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery; St. Louis, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd</b>			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clarence H. Murray*

Licensed Embalmer No. *4201*

P. O. Address *St. Louis*

**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.