

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2411**  
**0302**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>0</b>		c. CITY OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		STREET ADDRESS (If rural, give location) <b>2219 2615 Delmar Blvd.</b>					
3. NAME OF DECEASED (Type or Print) <b>Aline</b>		a. (First)		b. (Middle)			
		c. (Last) <b>Chambers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 10 55</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>May 8, 1909</b>		9. AGE (In years last birthday) <b>45</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lake Charles, La.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jim Lowe</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie ?</b>			
14. NAME OF HUSBAND OR WIFE <b>Louis Chambers</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Louis Chambers</b>		ADDRESS <b>2658 Delmar Ave.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Hypertension</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <b>Undt.</b>	
19a. DATE OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>1-6</b> , <b>1955</b> , to <b>1-10</b> , <b>1955</b> , that I last saw the deceased alive on <b>1-10</b> , <b>1955</b> , and that death occurred at <b>8:10 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>E. B. Williams</b>		(Degree or title) <b>0 M. D.</b>		23b. ADDRESS <b>2601 North Whittier Street</b>			
23c. DATE SIGNED <b>1-11-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/15/55</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Missouri</b>					
DATE REC'D BY LOCAL REG. <b>JAN 12 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.W. Roberts</b>			
ADDRESS <b>1416 N. Taylor Ave.</b>		(Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *James Carter*

Licensed Embalmer No. *468*  
P. O. Address *S. H. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.