

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19936

State File No. ....

5124

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 OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4121 Utah Street</b>		e. STREET ADDRESS (If rural, give location) <b>4121 Utah Street 216/0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Archie</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Chamberlin</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1955</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 21, 1888</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chase Candy Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles W. Chamberlin</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Hall</b>	
14. NAME OF HUSBAND OR WIFE <b>Margaret Hilliker Chamberlin</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-03-3232</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Chamberlin</b>		ADDRESS <b>4121 Utah St.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Thrombosis</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Arteriosclerosis</b>		<b>6 Mo.</b>	
19a. DATE OF OPERATION <b>no</b>		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? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>May 17th 1955</b> , to <b>June 11, 1955</b> , that I last saw the deceased alive on <b>June 10, 1955</b> and that death occurred at <b>12:30 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. H. Walter M.D.</b>		23b. ADDRESS <b>3608 South Grand Blvd.,</b>		23c. DATE SIGNED <b>6/13/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 15, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		DATE REC'D BY LOCAL REG. <b>JUN 14 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Hellerle</b>		ADDRESS <b>3634 Gravois Ave.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. *267*

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