FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18532

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4798

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) De Paul Hosptial — Length of stay in hospital 32 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5656 Vernon — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Last: Chambers
4. DATE OF DEATH Month Day Year: May 19, 1957
5. SEX: male
6. COLOR OR RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 18, 1903
9. AGE (In years last birthday): 53 — 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): butcher
10b. KIND OF BUSINESS OR INDUSTRY: packing house
11. BIRTHPLACE (City and state or country): St. Joseph, La.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard Chambers
14. MOTHER'S MAIDEN NAME: Diggs
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.: 489-07-108
17. INFORMANT: Isalee Chambers — Address: 5656 Vernon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of stomach with Metastases to liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 151X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/31/56 to 5/19/57 and last saw ~~her~~ him alive on 5/19/57
Death occurred at 4:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Polashnick M.D. (Degree or title)
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 5/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 5-25-1956
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, twn. or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Dunn Funeral Home — ADDRESS: 215 So. Jefferson
25. DATE RECD. BY LOCAL REG.: MAY 22 '57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 42

P. O. Address 3100 Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.