

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37278

STATE FILE NUMBER

FILED NOV 6 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9923

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp.		d. STREET ADDRESS 7746 Elen Ave.	
3. NAME OF DECEASED (Type or print) Cora Chamberlin		4. DATE OF DEATH 10/21/57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9, 1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY at home	
10. BIRTHPLACE (City and state or country) St. Louis, Missouri		11. CITIZEN OF WHAT COUNTRY? USA	
12. FATHER'S NAME William Stark		13. MOTHER'S MAIDEN NAME Unknown	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. none	
16. INFORMANT Courtney Stark		Address 3401 Giles	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma of the liver.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Metastasis from a Ca. of the descending colon which was resected in May 1956.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>153x</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jun 9 1956</i> to <i>Oct 21 1957</i> and last saw <i>her</i> alive on <i>10/21/57</i> . Death occurred at <i>6</i> <i>p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>O.E. Williamson M.D.</i>		22b. ADDRESS <i>6336 Clayton Road</i>	
22c. DATE SIGNED <i>10/22/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/24/57	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
24. FUNERAL DIRECTOR WACKER-HELDERLE		25. DATE RECD. BY LOCAL REG. OCT 23 '57	
ADDRESS 3634 Gravois		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 7 1958

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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 *Robert C. Wheeler*.....

Licensed Embalmer No. *21*.....

P. O. Address *St. Louis*.....

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.