N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25131

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. Bethesda Hospital St. ..... Ward)

File No. .....

Registered No. 7336

2. FULL NAME Oman Stanley Chambers

(a) Residence. No. 4306 N. 14 St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1930.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jesse Chambers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Camden
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lula McDannel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greely
(STATE OR COUNTRY) Mo

14. INFORMANT Jesse Chambers
(Address) 4306 N. 14 St.

15. FILED JUL 22 1930 Max C. Parker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19. 1930.

17. I HEREBY CERTIFY, That I attended deceased from May 28 30, 19..., to July 19, 1930, that I last saw him alive on July 19, 1930, and that death occurred, on the date stated above, at 6.20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159
153 Marasmus

Premature (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 161a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Elsworth Kisal, M. D.
7-19, 1930 (Address) 210-12 Liste Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Salem, Missouri	July 21 1930
20. UNDERTAKER	ADDRESS
Suedmeyer	3934 N. 20