

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

Do not use this space.

37240

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Banham Primary Registration District No. 6031
 City..... (No.....) St..... Ward.....

2. FULL NAME Joseph A. Chambers
 (a) Residence. No. Sherman, Mo St..... Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....
 Registered No. 221
 St..... Ward.....

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-11-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Own home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Valley Park, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER James Price
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Annie Savage
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Geo. Zieger
 (Address) Manchester, Mo

15. FILED 12/9 1930 P. E. Barnett M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-3-1930
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 3, 1930 that I last saw h.w. alive on Nov 3, 1930, and that death occurred, on the date stated above, at 7-9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Stomach
no B
no C
 118 (duration) Prior to my knowledge
 CONTRIBUTORY Hemorrhage from above
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
440
 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS physical exam. & ray.
 (Signed) Charles Ziegler M. D.
Nov-11-1930 (Address) Eureka, Mo.

*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
Oak Hill Cem - Kirkwood Mo Nov-6-1930

20. UNDERTAKER ADDRESS
Schraden Undert Co Ballwin Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

DEC 3 1930

S. No. 2.

