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

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.

2930

1. PLACE OF DEATH

County ..... Registration District No. 707 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 650

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Robert Chambers

(a) Residence, No. 2332 Eugenia St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-10-1881

7. AGE: YEARS 40 | MONTHS | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 239
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La 2

FATHER
13. NAME Fletcher Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT (ADDRESS) A Gertrude Heath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Wickson Centery DATE 1/20/ 1932

19. UNDERTAKER (ADDRESS) Dunn Bros 215 So Jefferson

20. FILED JAN 20 1932 19 Max C Howard Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1932, to 1-9, 1932

I last saw him alive on 1-9, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
108 Lobar Pneumonia	

Other contributory causes of importance: 108

Name of operation ..... Date of .....

What test confirmed diagnosis? Fluoroscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M Smith M. D.

(Address) City Hospital 2