

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **1003**  
Township..... Primary Registration District No. ....  
City **St. Louis Mo** (No. **City Hospital #2**)

File No. **8021**  
Registered No. **2023**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **790 N. 18th** St., **25** Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-6-1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**50 6 10**

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. **Wash**  
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) **Ala**

FATHER 13. NAME **Charlie Chamberger**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **A. Strude Greath City Hosp #2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis Cemetery** DATE **2-28-33**

19. UNDERTAKER (ADDRESS) **A. J. Beal and Co. 2736 Locust Ave**

20. FILED **Feb 28 1933** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-16-1933**

22. I HEREBY CERTIFY, That I attended deceased from **11-19-32**, to **2-16-1933**

I last saw him alive on **2-16-33** 1933 Death is said

to have occurred on the date stated above, at **6:00** a.m.

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

**Pulmonary Tuberculosis**

Other contributory causes of importance: **13**

Name of operation **Autopsy** Date of **Feb 20**  
What test confirmed diagnosis **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury

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  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **A. J. Beal** M. D.  
(Address) **City Hosp #2**

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.

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