

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

Do not use this space.

*York 30 1933*

1. PLACE OF DEATH  
 County *St. Louis* Registration District No. *318*  
 Township *St. Charles* Primary Registration District No. *2001*  
 City *St. Charles* (No. *178*)  
 2. FULL NAME *Richard Chamber*  
 (a) Residence, No. *812 1/2 Elm* St. *Elm* Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. \_\_\_\_ mos. \_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. *917*  
 St. \_\_\_\_\_ Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Child</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 17 - 1921</i>		
7. AGE <i>8</i> YEARS	MONTHS <i>5</i>	DAYS <i>11</i>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <i>Student</i>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) <i>Star Bluff Mo</i>		
FATHER	13. NAME <i>W E Chamber</i>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>
MOTHER	15. MAIDEN NAME <i>W E McCormack</i>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Liverpool</i>
17. INFORMANT (ADDRESS) <i>W E Chamber</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Charles</i> DATE <i>Dec 31 1933</i>		
19. UNDERTAKER (ADDRESS) <i>W E Chamber</i>		
20. FILED <i>12/30 - 1933</i> <i>Ralph W. Fountain</i> Registrar.		

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 27 1933*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. First saw him *live on* *12-28 1933* Death is said to have occurred on the date stated above, at *7:30 p.m.* The principal cause of death and related causes of importance were as follows:  
*Basal Skull Fracture*  
*210 M*  
 Other contributory causes of importance:  
*210*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *accident* Date of injury *12-28 1933*  
 Where did injury occur? *Springfield - Green Co. - Mo*  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. *Public Place*  
 Manner of injury *hit by automobile*  
 Nature of injury *Skull Fracture - Basal*

24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *Chas. A. Geary - coroner*  
 (Address) *Springfield Mo*

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.

100-100000

ASST. DIR. OF INVESTIGATION  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

TO : SAC, NEW YORK  
FROM : SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]

NY 100-100000