

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.

SEP 29 1936

33245

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jefferson Barracks (No. Missouri Vets. Adm. Hq.) St. _____ Ward _____

File No. _____

Registered No. 3232. FULL NAME Walter J. TSCHAMBERS

(a) Residence, No. 4242-A Warne St. _____ Ward _____ St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. Wk. How long in U. S., if of foreign birth? un yrs. kn mos. Wk.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE DE. — <u>Mrs. Pearl Tschambers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 14, 1895</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>40</u>	<u>11</u>	<u>28</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Concession Work</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sportsman Park</u>			
	10. Date deceased last worked at this occupation (month and year) <u>August 5, 1936</u>			
				11. Total time (years) spent in this occupation <u>10 years</u>
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Bernard Tschambers</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Race</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Peoria</u> (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT <u>M. Schilling</u> (ADDRESS) <u>Clinical Clerk, Jeff. Bks. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>National Cem</u> DATE <u>Aug 15</u> , 19 <u>36</u>				
19. UNDERTAKER <u>Jefferson Barracks</u> (ADDRESS) <u>707 Audrean end</u>				
20. FILED <u>Aug 13, 1936</u> <u>Y. Howard</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1936, to August 12, 1936
I last saw him alive on August 12, 1936. Death is said to have occurred on the date stated above, at 3:32 p. m. a. m.
The principal cause of death and related causes of importance were as follows:
Meningitis, Syphilitic Date of onset initial

Other contributory causes of importance: none

Name of operation none Date of _____
clin. manifestations, phy. exam.
What test confirmed diagnosis? laboratory 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) C. W. Hughes M. D.
(Address) C. W. HUGHES, Chief Medical Officer,
Jefferson Barracks, Mo.

D. Murray
9804 Edgemoor

Donnerstag, 14. Juni 1906

14

14

14

14