NOV 4 1936

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

Do not use this space.

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File No. 10518
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 4245W Garfield St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME David Chambers

(a) Residence, No. 4245W Garfield St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

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) Aug. 25, 1931

7. AGE: Years 5 | Months 1 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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) St. Louis Mo.

FATHER

13. NAME Hunter Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph La.

MOTHER

15. MAIDEN NAME Eva Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

17. INFORMANT (ADDRESS) Eva Chambers 235 S Beaumont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE October 20 1936

19. UNDERTAKER (ADDRESS) Woods 2734 Sheridan

20. FILED OCT 20 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:25 p.m.

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

Shock and Burns (1st and 2nd Degree burns of body) received when clothing became ignited during fire on two story dwelling (before deceased died)

Date of onset

Other contributory causes of importance:

Accident

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? Accid. Date of injury Oct 15, 1936

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

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

Manner of injury Shock and Burns

Nature of injury "

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

If so, specify

(Signed) ....., M. D.

(Address) Lebanon Conn

10/20/36

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.

WHICH PERMITS, WITH ONLY ONE WRITING, THIS IS A PERMANENT RECORD

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