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.

SEP 10 1937

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

Do not use this space.

29221

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7854

City St. Louis (No. 4723 Virginia Ave., St. ..... Ward)

2. FULL NAME Thomas F. Chambers

(a) Residence, No. 4723 Virginia Ave., St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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 Frank Chambers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Chambers 4723 Virginia Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE 8/21/37 19

19. UNDERTAKER (ADDRESS) SOUTHER U & L. Co 6322 S. Grand Blvd.,

20. FILED AUG 20 1937 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 —, 1937, to Aug. 19, 1937

I last saw him alive on Aug. 19-1937, 19..... Death is said to have occurred on the date stated above, at 4 A.M.

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

Angina Pectoris (Coronary occlusion) — Date of onset May 1937

Other contributory causes of importance:

Chronic Myocarditis

Arterio-Sclerosis.

Name of operation — Date of —

What test confirmed diagnosis? Physical Findings 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? No

If so, specify .....

(Signed) Roman Strangmo, M. D.

(Address) 4500 Virginia

218

[illegible] Tranny
2-4-8
4500 = Virginia