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.

MAY 31 1937

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 17572
Township Clayton — Primary Registration District No. 6633a — Registered No. 139
City Clayton (No. St. Louis County Hosp. St. ..... Ward)

2. FULL NAME Andrew J. Chambers
(a) Residence, No. 8825 White St., ... Ward. Brentwood
(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 M
4. COLOR OR RACE W W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1870

7. AGE — YEARS 66 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener
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) Mo.

FATHER
13. NAME Jacob Chambers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER
15. MAIDEN NAME Elizbeth Stacy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT Jas. A. Johnson
(ADDRESS) 8900 Clayton Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem. DATE 4-8-37

19. UNDERTAKER Louis T. Bopp
(ADDRESS) Kirkwood

20. FILED 4/7 1937 Dr. A. J. Figarelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 19..., to 4-6-37, 19...
I last saw ~~him~~ alive on 4-6-37, 19... Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Myosarcoma	2 yr
BC	
Bronchial asthma	2 yr

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) H. L. Meador Coroner, M.D.
(Address) Clayton Mo.