

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

60-4  
B-1

**1. PLACE OF DEATH**

County St. Louis Registration District No. 23  
 Township Carondelet Primary Registration District No. 6248 B  
 City Koch, Mo. (No. Koch Hosp. Hospital) St. 57 Ward

**2. FULL NAME** Joseph Chandler

(a) Residence, No. 2072 Hickory St. Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred r yrs. 6 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)</b> <u>Single</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Single</u>		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Nov 17 - 1902</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>24</u>	<b>MONTHS</b> <u>2</u>
	<b>DAYS</b> <u>23</u>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<b>8. OCCUPATION OF DECEASED</b>		
(a) Trade, profession, or particular kind of work <u>Railroad Clerk</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		
<b>9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>East St. Louis Ill.</u>		
<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Alvin Chandler</u>	
	<b>11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ill.</u>	
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Ella Padbury</u>	
<b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ill.</u>		

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb. 10 1927  
**17. I HEREBY CERTIFY**, That I attended deceased from Feb. 28, 1926 to Feb. 10, 1927  
 that I last saw him alive on Feb. 10, 1927 and that death occurred, on the date stated above, at 7<sup>th</sup> City m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY (SECONDARY)** ✓  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** Don't know  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
**19. DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY?** No.  
**WHAT TEST CONFIRMED DIAGNOSIS?** X-Ray  
 (Signed) A. J. Gallant, M. D.  
 \_\_\_\_\_ (Address) 710/27

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**14. INFORMANT** Koch Hosp. Records  
 (Address) Koch, Mo.

**15. FILED** Feb. 10, 1927 L. C. Obrock  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Patoka Ill.  
**DATE OF BURIAL** Feb. 12 1927

**20. UNDERTAKER** Peety Mnd Co  
**ADDRESS** 302 9th St. St. Louis

# ed United States Standard Certificate of Death

ed by U. S. Census and American Public Health  
Association.)

statement of Occupation.—Precise statement of  
ation is very important, so that the relative  
fulness of various pursuits can be known. The  
tion applies to each and every person, irrespec  
of age. For many occupations a single word or  
a on the first line will be sufficient, e. g., *Farmer* or  
*Printer, Physician, Compositor, Architect, Locomo  
Engineer, Civil Engineer, Stationary Fireman,*  
b. But in many cases, especially in industrial em  
ployments, it is necessary to know (a) the kind of  
work and also (b) the nature of the business or in  
dustry, and therefore an additional line is provided  
for the latter statement; it should be used only when  
needed. As examples: (a) *Spinner*, (b) *Cotton mill*,  
(a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Auto  
mobile factory*. The material worked on may form  
part of the second statement. Never return  
"Laborer," "Foreman," "Manager," "Dealer," etc.,  
without more precise specification, as *Day laborer*,  
*Farm laborer*, *Laborer—Coal mine*, etc. Women at  
home, who are engaged in the duties of the house  
hold only (not paid *Housekeepers* who receive a  
definite salary), may be entered as *Housewife*,  
*Housework* or *At home*, and children, not gainfully  
employed, as *At school* or *At home*. Care should  
be taken to report specifically the occupations of  
persons engaged in domestic service for wages, as  
*Servant, Cook, Housemaid*, etc. If the occupation  
has been changed or given up on account of the  
DISEASE CAUSING DEATH, state occupation at be  
ginning of illness. If retired from business, that  
fact may be indicated thus: *Farmer (retired, 6  
yrs.)*. For persons who have no occupation what  
ever, write *None*.

Statement of Cause of Death.—Name, first, the  
DISEASE CAUSING DEATH (the primary affection with  
respect to time and causation), using always the  
same accepted term for the same disease. Examples:  
*Cerebrospinal fever* (the only definite synonym is  
"Epidemic cerebrospinal meningitis"); *Diphtheria*  
(avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho  
pneumonia* ("Pneumonia," unqualified, is indefinite);  
*Tuberculosis of lungs, meninges, peritoneum*, etc.,  
*Carcinoma, Sarcoma*, etc., of \_\_\_\_\_ (name ori  
gin; "Cancer" is less definite; avoid use of "Tumor"  
for malignant neoplasm); *Measles, Whooping cough*,  
*Chronic valvular heart disease; Chronic interstitial  
nephritis*, etc. The contributory (secondary or in  
tercurrent) affection need not be stated unless im  
portant. Example: *Measles* (disease causing death),  
29 ds.; *Broncho-pneumonia* (secondary), 10ds. Never  
report mere symptoms or terminal conditions, such  
as "Asthenia," "Anemia" (merely symptomatic),  
"Atrophy," "Collapse," "Coma," "Convulsions,"  
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Hemorrhage," "In  
anition," "Marasmus," "Old age," "Shock," "Ure  
mia," "Weakness," etc., when a definite disease can  
be ascertained as the cause. Always qualify all  
diseases resulting from childbirth or miscarriage, as  
"PUERPERAL septicemia," "PUERPERAL peritonitis,"  
etc. State cause for which surgical operation was  
undertaken. For VIOLENT DEATHS state MEANS OF  
INJURY and qualify as ACCIDENTAL, SUICIDAL, or  
HOMICIDAL, or as *probably* such, if impossible to de  
termine definitely. Examples: *Accidental drown  
ing; struck by railway train—accident; Revolver wound  
of head—homicide; Poisoned by carbolic acid—prob  
ably suicide*. The nature of the injury, as fracture  
of skull, and consequences (e. g., *sepsis, tetanus*),  
may be stated under the head of "Contributory."  
(Recommendations on statement of cause of death  
approved by Committee on Nomenclature of the  
American Medical Association.)

NOTE.—Individual offices may add to above list of unde  
sirable terms and refuse to accept certificates containing them.  
Thus the form in use in New York City states: "Certificates  
will be returned for additional information which give any of  
the following diseases, without explanation, as the sole cause  
of death: Abortion, cellulitis, childbirth, convulsions, hemor  
rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,  
necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus."  
But general adoption of the minimum list suggested will work  
vast improvement, and its scope can be extended at a later  
date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.