

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937

791

3674

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City **St. Louis, Mo.**

(No. **American Hospital**)

St. Ward)

2. FULL NAME Annette Chandler

(a) Residence, No. **5985a Minerva Ave.**, St. **6** Ward **1**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/15/37** 19**37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George R. Chandler**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 6 1937** to **Jan 15 1937**
I last saw h. alive on **Jan 15 1937**. Death is said to have occurred on the date stated above, at **2:20 A.M.**
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22, 1876**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 24

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Apoplexy
g. 2 a
Other contributory causes of importance:
Arterial Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **La Grange Texas**

Name of operation..... Date of.....
What test confirmed diagnosis? **Obituary** Was there an autopsy? **No**

13. NAME **C. J. Morgan**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Georgia**

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME **Annette Murphy**

Manner of injury.....
Nature of injury.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Walter S. Taylor** M. D.
(Address) **2800 E. 91st - Maple**

17. INFORMANT **Lillian White**
(ADDRESS) **5985 Minerva Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **1/18/37**, 19**37**

19. UNDERTAKER **Edith E. Ambrose**
(ADDRESS) **4230 Manchester Ave.**

20. FILED **JAN 17 1937**
J. Bredeck Registrar.

Calvary 6852

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.

