

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAR 5 - 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. St. Anthony's Hospital)

Registration District No.....
Primary Registration District No.....

791
1003

File No. 8506
Registered No. 1961
Ward

2. FULL NAME

Ronald W. Chandler

(a) Residence, No. 6108 Alaska St., 1 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 White 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) Oct. 29, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 Albert Chandler

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

MOTHER
15. MAIDEN NAME Anna Pyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT Mrs. Albert P. Chandler
(ADDRESS) 6108 Alaska

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 2-16, 1937

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6322 S. Grand

20. FILED J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1937, to 2-15, 1937
I last saw him alive on 2-14, 1937 Death is said to have occurred on the date stated above, at 1:50 a.m.

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

Rt. lobar Pneumonia Date of onset 2
Transition
Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? chest 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) Bernard Block, M. D.
(Address) 3527 Craig, 4th floor Mo

FEB 15 1937

11:30 - 1 pm
S. E. Grand
Dr. D. J. Grand