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 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No. 31682
Township St. ~~Ferdinand~~ Ferguson Town — Primary Registration District No. 4468 — Registered No. 152
City Ferguson (No. 111 South Maple Ave St. Ward)

2. FULL NAME Mary E. Chandler
(a) Residence, No. 111 South Maple Ave St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. W. Chandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1854

7. AGE: Years 82 — Months 8 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dahlgren, Ill.

FATHER
13. NAME Daniel Stull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles Chandler 228 Louise ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Aug 16, 1937

19. UNDERTAKER (ADDRESS) Geo L. Pleitsch Inc 5966 Easton ave

20. FILED 8/14, 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1930, to 8-13-, 1937
I last saw her alive on 8-13-, 1937 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (cerebral Haemorrhage) paralysis on Lt side of body	8-12-37
Other contributory causes of importance:	
Chr. Nephritis	1920
Arteriosclerosis	1915

Name of operation none Date of —
What test confirmed diagnosis? Unknown 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) Roy Johnson, M. D.
(Address) Ferguson Mo