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.

REC'D AUG 11 1939

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

23933
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 6206

(c) City ST. LOUIS, MO (d) Street No. BARNES HOSPITAL St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRIEDA, Carolina CHANDLER

(a) Residence, No. 6937 CORBITT St. NR UNIVERSITY CITY MO.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/19/99

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as 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) Doe Run, Mo. 0

FATHER

13. NAME Fred D. Zimmer 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run, Mo. 0

MOTHER

15. MAIDEN NAME Mary Heinrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run, Mo.

17. INFORMANT Terry Chandler
(ADDRESS) 6937 Corbitt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmington, Mo DATE 7/14/39, 19

19. FUNERAL DIRECTOR (NAME) Alexander I. Sano
(ADDRESS) 6175 Delmar Blvd

20. FILED JUL 13 1939 J. F. Bradley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1939, to 7-11-, 1939

I last saw h. alive on 7-11-, 1939. Death is said to have occurred on the date stated above, at 10 30 a.m.

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

Carcinoma of cervix

Date of onset

Other contributory causes of importance:

Hemorrhage

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) F. R. Bradley, M. D.

(Address) BARNES HOSP

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.