DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12891

MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3098

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2320 Rear Wash St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 20 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2320 A.R. Wash St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Katy Belle Chandler 534

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 28, 1907. (Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Memphis Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business ---

FATHER
12. Name Louis Chandler
13. Birthplace Memphis Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katy Waterhouse
15. Birthplace Memphis Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katy Chandler

(b) Address 2320 A.R. Wash St.

17. (a) Greenwood Cem. (Burial, cremation, or removal) (b) Date thereof April 4/40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Wrights Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) APR 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1940 hour 16 45 minute 45 P M.

21. I hereby certify that I attended the deceased from 1-17- , 1940, to 3-28- , 1940 that I last saw her alive on 3-27-1940, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis & Chron Bronchitis

Due to

Due to

Other conditions Pelvic Cellulitis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. B. Walthall M.D. (M.D. or other)

Address 1001 W. Jefferson Date signed 4-1-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address

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

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