

No. 2-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23660**

FILED AUG 28 1941 791

Registration District No. _____

Primary Registration District No. **1903**

Registrar's No. **6002**

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17
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town. **St. Louis**

(c) Name of hospital or institution. **Homer's G. Phillips Hospital**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. **14 Days**
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME. **Anderson James P. Chandler**

3. (b) If veteran, name war. **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Colored**

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

6. (b) Name of husband or wife **Not Known**

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

7. Birth date of deceased **Not Known**
(Month) (Day) (Year)

8. AGE: Years **About 63** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Cairo Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Not Known**

MOTHER FATHER { 12. Name **Not Known**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lettie Brown**

(b) Address **811 A North Jefferson Ave.**

17. (a) **Burial** (b) Date thereof **July 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **JUL 23 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis** **211**
(If outside city or town limits, write "RURAL")

(d) Street No. **811 A. No. Jefferson**
(If rural, give location)

(e) -If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1941** hour **12** minute **10** A. M.

21. I hereby certify that I attended the deceased from **July 7**
_____ 19**41**, to **July 19** _____ 19**41**;
that I last saw him alive on **July 19** _____ 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Arteriosclerosis with Hemiplegia**

Due to **Hemiplegia from arterio sclerosis**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **97**
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (b) Means of injury.

23. Signature **J. F. Brudeck** (M. D. or other) **11/21/41**
Address **2601 W. Walter** Date signed

Duration **Indefinite**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Arthur L. Halliard

Licensed Embalmer No. 4221

P. O. Address 2649 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, fact should be so stated above.