V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37990

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 2504

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Robertson
(If outside city or town limits, write "RURAL")
(d) Street No. Fairview Ave.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Irene Chandler

3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

4. Sex female
5. Color or race colored
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Chandler
6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Feb. (Month) 28 (Day) 1898 (Year)

8. AGE: Years 44 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Clay County (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation day work

11. Industry or business unemployed.

FATHER
12. Name Fred Echoles
13. Birthplace Clay County (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Annie Mosley
15. Birthplace Clay County (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Hospital Records
(b) Address

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 12 (Month) 2 (Day) 1942 (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros Funeral Home
(b) Address Kinloch Mo.

19. (a) DEC 3 - 1942 (Date received local registrar) (b) C. G. McGurran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1942 hour 5 minute :00 A.M.

21. I hereby certify that I attended the deceased from 11-27-42, 19__, to 11-29-42, 19__; that I last saw her alive on 11-29-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	2 days
Due to Edema of lungs & congestion	2 days
Due to Cardiac failure & decompensation	2 weeks
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Peritoneal adhesion & volvulus & obstruction of bowel - Hypertrophy & [illegible]

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 John G. Mathews (M. D. ~~or other~~)
Address St. Louis County Hosp. Date signed 11/30/42

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Forney Av

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.