

S. No. 2
DM-5-42
5-173
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11976

State File No.

FILED MAY 3 1943

318

1003

3912

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4005 Cook Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eugenia Mildred Chandler

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sewell H. Chandler 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased. Jan. 29, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39 2 24 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Sam Holloway

13. Birthplace Aberdeen Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Annie Roberson

15. Birthplace Aberdeen Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Sewell H. Chandler

(b) Address 4005 Cook Ave.

17. (a) Burial (b) Date thereof. April 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) APR 27 1943 J. F. Medsick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day April
year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from March 29 1943 to April 24 1943
that I last saw her alive on April 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Hysterectomy and
aboparotomy.

Other conditions Surgeal operation
(Exclude pregnancy within 3 months of death)

Major findings: For removal of
Of operations fibroid tumor, and
Of autopsy apparent

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) (e) Means of injury.....

23. Signature..... (M. D. or other)
J. F. Medsick
Address 2732 Pine Street St. Louis signed 4/26/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Joel Russell

Licensed Embalmer No.....

4112

P. O. Address:.....

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.