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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1299

FILED FEB 18 1944 818

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 25 days
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
St Louis 17
(c) City or town St Louis 921
(d) Street No. 2020 Cole St
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ella Chandler

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

4. Sex F 5. Color or race C
6. (b) Name of husband or wife Will Chandler
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Oct. 17 1889

8. AGE: Years 54 Months 3 Days 21

9. Birthplace Hopkinsville Ky

10. Usual occupation Laundress

11. Industry or business

12. Name Frank Hall

13. Birthplace

14. Maiden name Mariah Standfield

15. Birthplace Nashville Tenn.

16. (a) Informant Bulah Hill

(b) Address 1927a Goodale

17. (a) Burial (b) Date thereof 2 11 44

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A.F. Walton

(b) Address 2707 S. Field St.

19. (a) FEB 9 1944 (Date received local registrar) J. J. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1944 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from January 12, 1944 to February 7, 1944; that I last saw her alive on February 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Duration Terminal

Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

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?
(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 S.E. Smith (M.D.)
Address 2601 N Whittier Date signed 2-7-44

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.....

James A. Johnson

Licensed Embalmer No. *3322*

P. O. Address. *3506 Franklin*

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.