S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12638

State File No.

FILED MAY 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4225

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED: 009 17

(a) State Missouri (b) County
(c) City or town St. Louis, 911
(If outside city or town limits, write "RURAL")
(d) Street No. 4232 W. St. Ferdinand
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mariah Chandler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Elmer Chandler

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

7. Birth date of deceased August (Month) 29 (Day) 1881 (Year)

8. AGE: Years 62 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Hamburg (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business Nil

FATHER
12. Name Jack Bush
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Polly Unavailable
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Idell McRoberts
(b) Address 4598 Cottage Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAY 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1944 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 26, 1944, to May 3, 1944; that I last saw her alive on May 3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

102

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? (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 Alva Moore (M. D. or other)
Address Sho. Whittier Date signed 5/4/44

(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~~

Thomas J. Gates, ~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.