. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

Registration District No. 3707

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18033

Primary Registration District No. 1076

Registrar's No. 1124

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 771 Pardella ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Lemay
(If outside city or town limits, write "RURAL")

(d) Street No.: 771 Pardella ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME: HARRY J CHANDLER

3. (b) If veteran, name war: no

3. (c) Social Security No. 489-05-8084

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Stella Chandler

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

7. Birth date of deceased: March (Month) 11 (Day) 1878 (Year)

8. AGE: Years 67 | Months 2 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Milton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Stationa ry Engineer

11. Industry or business: Retired

FATHER
12. Name: Joseph Chandler
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mattie Hoover
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Stella Chandler
(b) Address: 771 Pardella ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cemetery

18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.
(b) Address: 7814 S. Broadway

19. (a) MAY 15 1945 (Date received local registrar) (b) E. G. McCausland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1945 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1944, to May 12, 1945; that I last saw him alive on May 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 yr
Hypertrophy and Dilatation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

938

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: A W Peters (M. D. or other)
Address: 4145 a S. Grand Blvd. Date signed 5/12

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7418 S Broadway

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.