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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31762

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9519

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

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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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1831 Baker Avenue N.R.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Charles Chandler

3. (b) If veteran, name war No

3. (c) Social Security No. 334-22-3196

4. Sex Male 2

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 15, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	7	14	hr. min.

9. Birthplace Shuqulak, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Darling Fertilizer Company

FATHER
12. Name unknown 9
13. Birthplace unknown 2 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda CHANDLER 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Chandler
(b) Address 1831 Baker Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Book Wash. Cem. E. St. Louis, Ill.

18. (a) Signature of funeral director C. T. Nash
(b) Address 1111 N. 13th St.

19. (a) NOV 2 1945 (Date received local registrar) (b) J. H. Medesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-26, 1945 to 10-29, 1945; that I last saw him alive on 10-29-, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Focal meningitis — Duration 2 days
From
Due to Bacterial Endocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
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 W. F. Allen (M. D. or other)
Address 1821 Kansas Ave. E. St. Louis Ill. Date signed 11-2-45

(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 Francis Nash, Registered Apprentice No. 394, working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2430

P. O. Address 111 N. 13th St.

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.