

FILED DEC 24 1946

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1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10547

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (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. 1445 N. 16th, St. Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1946 hour 3:30 minute P
21. I hereby certify that I attended the deceased from 12/7/46
12/8/46, 1946, to 12/8/46, 1946;
that I last saw her alive on 12/8/46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 days

Due to Chronic bronchial Life asthma & asthmatic

Due to bronchitis
Other conditions anemia, cachexia
(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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Albert H. Braden Jr. Date signed 12/9/46
Address 1516 Lafayette

3. (a) PRINT FULL NAME JANET CHANDLER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Warren Chandler 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 26, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Grand Tower Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Timothy Donnelly
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ann Smith
15. Birthplace U. S.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Warren Chandler
(b) Address 1445 N. 16th.
17. (a) Burial (b) Date thereof 12-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Tower Ill
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 9 1946 (Date received by registrar) J. F. Braden (Registrar's signature)

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

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 John P. Buckholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis

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.