

No. 2  
12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3488  
Registrar's No. 248

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(c) Name of hospital or institution: Veterans Administration Hospital  
(d) Length of stay: In hospital or institution Since 1-16-47  
In this community 7 years

3. (a) PRINT FULL NAME CHANDLER, Thomas  
3. (b) If veteran, name war World I  
3. (c) Social Security No. None

4. Sex Male 2  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Allie Chandler  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased May 11, 1893

8. AGE: Years 53 Months 8 Days 20  
If less than one day hr. min.

9. Birthplace Oakrede, Louisiana  
10. Usual occupation Trucker

11. Industry or business  
12. Name West Chandler  
13. Birthplace Unknown  
14. Maiden name Maiden Name Unk.  
15. Birthplace Unknown

16. (a) Informant Registrar, Vet. Adm. Hospital  
(b) Address Jefferson Barracks, Missouri  
17. (a) Burial (b) Date thereof 2-6-47  
(c) Place: burial or cremation National Cemetery  
18. (a) Signature of funeral director Gates Funeral Home  
(b) Address 1107 Finney, St. Louis, Missouri  
19. (a) 2-2-47 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town Richmond Heights, 8  
(d) Street No. 1809 Marine Place 3  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1947 hour 3:00 minute P.M.  
21. I hereby certify that I attended the deceased from January 16, 1947 to January 31, 1947  
that I last saw him alive on January 31, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA, ACUTE, SECONDARY TO CYSTITIS  
Due to 1356  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Cystotomy, Jan. 23, 1947  
Of autopsy: Autopsy performed See Cause of Death

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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 L. E. Stilwell (M. D. or other)  
Address Vet. Adm. Hospital, Jeff. Barracks No. 2-1-47

**STATEMENT BY LICENSED EMBALMER**

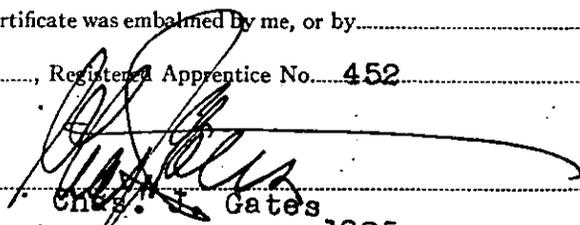
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**John K. Cunningham**

Registered Apprentice No. **452**

working under my personal supervision.

Signed.....

  
**Chas. J. Gates**

Licensed Embalmer No. **1825**

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.**