

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35590

FILED OCT 24 1948

State File No.

9414

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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. Johns Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 2528 Semple Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Dean Chandler

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 12 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>43</u>	<u>3</u>	<u>27</u>	hr. min.
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9. Birthplace Marble Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bus Operator

11. Industry or business Public Service Co.

MOTHER FATHER {

12. Name General Chandler 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Chandler

(b) Address 2528 Semple Ave.

17. (a) Burial (b) Date thereof 10-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 11 1947 J. F. Brodeck
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1947 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 9-29, 1947, to 10-9, 1947; that I last saw him alive on 10-9-47, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right lung

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) WJ

Major findings:
Of operations.....
Of autopsy.....

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?.....

Where at work?..... (Specify type of place)
(e) Means of injury 0

23. Signature R. F. Park (M. D. or other)
Address 3803 Park an Date signed.....

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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..... *Albert R. Thompson Jr*.....

..... Licensed Embalmer No. *4637*.....

P. O. Address..... *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.