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7-39  
X47070

FILED APR 30 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3727

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Enroute to City Hosp. #1. Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME JACKIE RAY CHANDLER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 10, 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
\*\*\*\*\* 8 9 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joseph Chandler  
13. Birthplace Commerce, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Mize  
15. Birthplace Gray Ridge, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Chandler  
(b) Address 1816 So. 18th Street

17. (a) burial (b) Date thereof 4-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin  
(b) Address 2301 Lafayette Avenue

19. (a) APR 20 1948 J. F. Bredeson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 1816 So. 18th Street (If rural, give location) 9  
23  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
year 1948 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Lobulated Pneumonia  
Ischaemia

Due to \_\_\_\_\_  
Due to 35  
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 Walter Perry (M. D. or other) \_\_\_\_\_  
Address Supply Company Date signed 4/20/48

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

CORONER

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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..... *A. N. Cooper*

Licensed Embalmer No. *31830*

P. O. Address *2301 Lafayette*

**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.