

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24163
Registrar's No. 6208

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 1003

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: Peoples 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

3. (a) PRINT FULL NAME Carol Ann Chandler

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced (7)

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>30</u> min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Ben N Chandler

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Irene C Irving

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

16. (a) Informant Ben N. Chandler

(b) Address 3406 Lasalle

17. (a) Burial (b) Date thereof July 13-48
(Burial, cremation, or funeral) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cent

18. (a) Signature of funeral director S. J. Watson

(b) Address 2769 Chouteau

19. (a) JUL 13 1948 (b) J. F. Brace
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 3406 Lasalle
(If rural, give location)
(e) 18 Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-12-48
_____, 19____, to 7-12-1948
that I last saw him alive on 7-12-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral damage

Due to Prolonged labor from 24 hours

Due to Occiput posterior position during labor.

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

Major findings: Of operations None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Shingleton (M. D. or other) M.D.

Address 4602 N. Page Blvd. Date signed 7-12-48

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

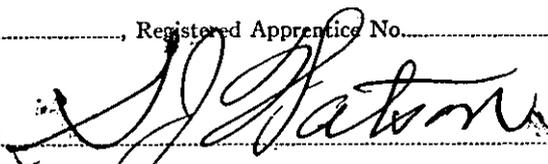
STATEMENT BY LICENSED EMBALMER

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.....



..... Licensed Embalmer No. 2698.....

P. O. Address 2769 Chouteau 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.