

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18058

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 12076		Registrar's No. 1195	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison			
b. CITY OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (In this place) 21 days		c. CITY OR TOWN Glen Carbon			
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital				d. STREET ADDRESS (If rural, give location) Box 163			
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) E. c. (Last) CHANDLER			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1918	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEEK Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attendant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Stewart, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fred Chandler		13b. MOTHER'S MAIDEN NAME Mary Farless		14. NAME OF HUSBAND OR WIFE Naomi			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 333-03-1850		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar		ADDRESS Vet. Adm. Hosp., Jeff. Brks., Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRACRANIAL NEOPLASM, TYPE UNDETERMINED				Interval Unknown			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Increased Intracranial pressure due to (a)							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 5-12-49		19b. MAJOR FINDINGS OF OPERATION Inoperable Medullary Neoplasm			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 21, 1949 , to May 12, 1949 , that I last saw the deceased alive on May 12, 1949 , and that death occurred at 11:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. Stilwell, M.D., Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp., Jeff. Brks., Mo.		23c. DATE SIGNED 5/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 13/49	24c. NAME OF CEMETERY OR CREMATORY St. Johns		24d. LOCATION (City, town, or county) (State) Granite City Ill		
DATE REC'D BY LOCAL REG. 5-13-49		REGISTRAR'S SIGNATURE Thurston V. Linger		25. FUNERAL DIRECTOR'S SIGNATURE Mercer Fu. Home, Granite City, Illinois			
N.S. (Licensed Embalmer's Statement on Reverse Side)							

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

JUN 18 1949

VS
MAY 9
1960

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Charles E. Mercer

Signed _____

Student Embalmer

Licensed Embalmer No. *2988*

P. O. Address *Granite City*

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.