

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42349

State File No.

11088

FILED JAN 7 1950

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

11088

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. LENGTH OF STAY (in this place) 2 1/2 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis

d. STREET ADDRESS

(If rural, give location)

I412, A. Carr Street

3. NAME OF DECEASED (Type or Print)

a. (First)

Arthur

b. (Middle)

c. (Last)

Chandler

4. DATE OF DEATH

(Month) (Day) (Year)

December 23, 1949

5. SEX

Male

6. COLOR OR RACE

Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10- 21st* 1909

9. AGE (In years last birthday)

40

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

General Trade Schl

11. BIRTHPLACE (State or foreign country)

Aberdeen Mississippi

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John. Chandler

13b. MOTHER'S MAIDEN NAME

Queen. Griffin

14. NAME OF HUSBAND OR WIFE

Eula. Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

498-01-3777

17. INFORMANT'S SIGNATURE OR NAME

Eula Chandler I412, A. Carr Street

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Malignant nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 mo.

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Uremia

Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease

3 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1949, to Dec. 23, 1949, that I last saw the deceased alive on Dec. 23, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

F. Bradley

(Degree or title)

M.D.

23b. ADDRESS

Barnes Hospital

23c. DATE SIGNED

12/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12-27th-49

24c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

24d. LOCATION (City, town, or county) (State)

St. Louis, Missouri

DATE REC'D BY LOCAL REG.

DEC 26 1949

REGISTRAR'S SIGNATURE

J. B. Casater

25. FUNERAL DIRECTOR'S SIGNATURE

John H. Houston, 2829, Washington. Blvd

ADDRESS

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. *441*

P. O. Address *2829, Washington Blvd*

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.