

No. 300
10-45

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6880

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5063 Registrar's No. 407

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashley</u> <u>8120</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Vivian</u> b. (Middle) <u>Arlette</u> c. (Last) <u>Chandler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Feb. 27, 1937</u> |
| 9. AGE (In years last birthday) <u>13</u> | | 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) <u>Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Ashley, Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>John Alden Chandler</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Gladys Reynolds</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John A. Chandler, Ashley, Ill.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>peritonitis</u> | | DUE TO (b) <u>megacolon</u> | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) <u>focal atelectasis both lungs</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) m. | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |

22. I hereby certify that I attended the deceased from 12-17, 1951, to 2-6, 1951, that I last saw the deceased alive on 2-6, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>H. J. Wollman, M.D.</u> | 23b. ADDRESS <u>St. Louis County Hosp.</u> | 23c. DATE SIGNED <u>2/6/51</u> |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | 24b. DATE <u>2-12-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Ashley, Ill.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> |
| DATE REC'D BY LOCAL REG. <u>2/12/51</u> | | REGISTRAR'S SIGNATURE <u>Hubert P. Tombe</u> |

(Licensed Embalmer's Statement, on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Wm. Brubaker

Signed.....

Student Embalmer

Licensed Embalmer No. *3657*

P. O. Address *St Louis Mo*

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. . . .