

No. 900
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6294

State File No. 1092
Registrar's No.

FILED FEB 27 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 10	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital			d. STREET ADDRESS (If rural, give location) 22 918 Morrison			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) WILLIAM		c. (Last) CHANDLER		
4. DATE OF DEATH (Month) (Day) (Year) 2 4 52		5. SEX 0 M		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NM		8. DATE OF BIRTH Dec. 8, 1941		9. AGE (In years last birthday) 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Joseph Chandler		13b. MOTHER'S MAIDEN NAME Betty Mize		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME Virginia Grindstaff		ADDRESS 918 Morrison				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.						
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following ruptured liver, suffered when deceased was crushed between trailer and platform of Flign Express Co. 1035 So 10th St out 740 am July 4, 1952 DUPLICATE (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tractor, being operated by on Frank Hubbard accident						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 4 52 7A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -E 8120-25		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 740A m., from the causes and on the date stated above.						
23a. SIGNATURE (Type or title) Patrick E. Taylor, M.D.			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-7-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC.		ADDRESS 2301 Lafayette St. Louis		
DATE REC'D BY LOCAL REG. FEB 4 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO		26. (Licensed Embalmer's Statement on Reverse Side)		

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *A. G. Ferris*

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette St.

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.