

No. 300  
10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10870

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>4 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood Valley Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>689 River Dr. 4723</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carbit</u>	b. (Middle) <u>Silas</u>	c. (Last) <u>Chandler</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Feb 2 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u>married</u>	8. DATE OF BIRTH <u>Nov. 2 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Months	Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Crawford Co. Mo</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Chandler</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Chandler</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Chandler</u>	ADDRESS <u>Kirkwood Mo.</u>
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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, asthma, 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) <u>Tracheal obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of thyroid</u> 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 <u>2-2-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of thyroid</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-2, 1952, to 2-2, 1952, that I last saw the deceased alive on 2-2, 1952, and that death occurred at 8:59 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George R. Krietmeyer MD</u>	(Degree or title)	23b. ADDRESS <u>601 Brentwood Clayton SM</u>	23c. DATE SIGNED <u>2-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-3-52</u>	REGISTRAR'S SIGNATURE <u>Harold R. Danks M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spack</u>	ADDRESS <u>Peter Mo.</u>
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(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 \_\_\_\_\_

*Murphy Sparks*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4286

P. O. Address Flat River 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.