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FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24366

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5813**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis, Illinois	
c. LENGTH OF STAY (In this place) 21 days		d. STREET ADDRESS (If rural, give location) 1025 Market Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle)	c. (Last) Chandler	(Month) Jun	(Day) 26	(Year) 1954
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Apr. 3, 1900		
9. AGE (In years last birthday) 54		10. MONTHS 2	11. DAYS 23	12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) Macon, Miss.	

13a. FATHER'S NAME Charles Chandler		13b. MOTHER'S MAIDEN NAME Lefie Goodwin		14. NAME OF HUSBAND OR WIFE Charles Chandler (Bro)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Chandler, 1536 Piggott Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchus - PNEUMONIA		ANTECEDENT CAUSES INTESTINAL OBSTRUCTION		3 DAYS	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) CANCER of Bowel		2 MOS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 6-25-54		19b. MAJOR FINDINGS OF OPERATION INTESTINAL OBSTRUCTION		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X	

22. I hereby certify that I attended the deceased from **5-24, 1954** to **6-24, 1954**, that I last saw the deceased alive on **6-27, 1954**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest P. Woodruff M.D.		23b. ADDRESS 928 N. 2ND ST		23c. DATE SIGNED 6-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE JUN 29 1954		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	

DATE REC'D BY LOCAL REG. JUN 29 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE P. Q. Criggler	
				ADDRESS 1036 Tudor Avenue East St. Louis, Illinois	

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

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

R. H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 2470

P. O. Address St. Louis Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.