

FILED SEP 13 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27524

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7462

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN LEMAY #879	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		e. STREET ADDRESS (If rural, give location) 9634 PERRIN	
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) G. c. (Last) CHANDLER			4. DATE OF DEATH (Month) (Day) (Year) AUG. 23, 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SINGLE	8. DATE OF BIRTH JULY 28, 1952
9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR Months	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME ALBERT N. CHANDLER	
13b. MOTHER'S MAIDEN NAME ANN PYLE		14. NAME OF HUSBAND OR WIFE NO	
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 ALBERT N. CHANDLER		ADDRESS 9634 PERRIN LEMAY MO	
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) BRONCHO PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FIBROCYSTIC DISEASE OF PANCREAS. DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 587.2			
22. I hereby certify that I attended the deceased from Aug 6, 1955, to Aug 22, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 7:40 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Sue G. Falick, M.D.		(Degree or title)	
23b. ADDRESS 2627 TELEGRAPH RD.		23c. DATE SIGNED AUG 25 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 25 1955	
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.		24d. LOCATION (City, town, or county) (State) LEMAY, MO	
DATE REC'D BY LOCAL REG. AUG 25 1955		REGISTRAR'S SIGNATURE C. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME		ADDRESS 66322 S. GRAND ST. LOUIS, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

Mr Fetich
2627 Telegraph
TW-2-7322

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 495
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.