

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011454

STATE FILE NUMBER

3295

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mrs. Pac. Hosp Ass</u>		d. STREET ADDRESS (If outside, give location) <u>717 3829 Russell Av.</u>	

3. NAME OF DECEASED (Type or print) <u>JAMES WARREN CHANDLER</u>			4. DATE OF DEATH Month <u>3</u> Day <u>19</u> Year <u>58</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 10 1887</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Repub. Car Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.P.R.R.</u>	11. BIRTHPLACE (City and state or country) <u>KENTUCKY 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13. FATHER'S NAME <u>UNKNOWN Chandler</u>	14. MOTHER'S MAIDEN NAME <u>UNKNOWN</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>YES W.W. #1</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MILDRED KAPLANEK 457 LINUM LA.</u> Address <u>W. G. MO.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thromboly</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis general</u>	
	DUE TO (c) <u>Senility</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>331x</u>
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20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>3-10-58</u> to <u>3-19-58</u> and last saw him alive on <u>3-19-58</u> Death occurred at <u>410 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>[Address]</u>	22c. DATE SIGNED <u>3-21</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>MAR. 22, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>KRIEGSHAUSER 4228 S. KINGSHIGHWAY</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 21 '58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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health, Welfare public service  
 300 1-56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Richard W. Stone*.....

Licensed Embalmer No. *4*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.