

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015641

STATE FILE NUMBER

4514

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Highway Heights</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. PAC. HOSP.</i>		d. STREET ADDRESS (If outside, give location) <i>7212 Elmwood St.</i>	
3. NAME OF DECEASED (Type or print) <i>CLARENCE LINCOLN CHANDLER</i>		4. DATE OF DEATH Month Day Year <i>4/25/1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 2/908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>yard clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Springfield, Ill. 1</i>
13a. FATHER'S NAME <i>Arthur Edwin Chandler</i>		13b. MOTHER'S MAIDEN NAME <i>Johanna F. Heinemann</i>	14. NAME OF HUSBAND OR WIFE <i>Freda Smith Chandler</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>702-09-2010</i>	17. INFORMANT <i>Freda Chandler,</i> Address <i>above</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Rheumatic Heart Disease</i> DUE TO (c) <i>416X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>40 yrs</i>
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"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
21. I attended the deceased from Death occurred at <i>105 AM</i> <i>4/16/58</i> to <i>4/25/58</i> and last saw him alive on <i>4/25/58</i>			
22a. SIGNATURE <i>Clarence L. Chandler</i>		22b. ADDRESS <i>MO PAC HOSP</i>	22c. DATE SIGNED <i>4/25/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-26-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield, Ill.</i>
24. FUNERAL DIRECTOR <i>JAY B. SMITH, Maplewood, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 26 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Coroner, etc. must use only standard nomenclature in item 18. NO symptoms will be related. All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *J. Allen Dennis Jr.*
Licensed Embalmer No. *4053*
P. O. Address *W. L.*

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.