

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040087

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10378 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 13 1962**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in 1b **15 Days**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **4312 Sacramento Ave.** Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY \_\_\_\_\_

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Albert C. Chandler** **October 27, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8-25-81** 9. AGE (last birthday) **81** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) **Barber** 10b. KIND OF BUSINESS OR INDUSTRY **Barber** 11. BIRTHPLACE (City and state or country) **- Tenn.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John D. Chandler** 13b. MOTHER'S MAIDEN NAME **Mary E. Darwin** 14. NAME OF HUSBAND OR WIFE **Gertrude Chandler**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address **4312 Mrs. Gertrude Chandler, Sacramento**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Carcinoma of Prostate with metastasis** INTERVAL BETWEEN ONSET AND DEATH **32 months**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **177x**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Broncopneumonia** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N.  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **October 11, 1962** to **October 27, 1962** last saw him alive on **October 27, 1962**  
 Death occurred at **10:45 a.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **F. R. Bradley, M. D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **10/27/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **10-30-62** 23c. NAME OF CEMETERY OR CREMATORY **Lake Charles Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR ADDRESS **Drehmann-Harral, 1905 Union Blvd.** 25. DATE REC'D BY REG. **OCT 30 1962** 26. REGISTRAR'S SIGNATURE **Loard Smith, M.D.**

VS 300 Rev. 4/59  
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 13

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

52

St. Louis, Missouri

BARNER HOSPITAL

October 17, 1968

October 17, 1968

Chandler

Albert

32 months

Diagnosis of prostate with metastasis

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 Albert R. Thompson

Licensed Embalmer No. 40237

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.