

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this form.

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1. PLACE OF DEATH

County St. Louis Registration District No. 318
Township St. Louis Primary Registration District No. 2001
City St. Louis (No. 518 W. Blavier) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 518 W. Blavier St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James Chandler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Anna A. Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Stacy Chandler

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis Mo Dec 27 1934

19. UNDERTAKER (ADDRESS) St. Louis Mo

20. FILED 12-27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Dec 23 1934

I last saw her alive on Dec 23 1934. Death is said to have occurred on the date stated above, at 7 a.m. Dec 24 1934

The principal cause of death and related causes of importance were as follows:
Intestinal infection, probably cancerous in origin.
Other contributory causes of importance: Chronic myocarditis.

Name of operation None Date of _____

Was test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) W. H. Burke M. D.
(Address) St. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

