

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

4825
1655

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Penn. R.R. at Union Station 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME John R. Chandler3. (b) If veteran,
name war _____3. (c) Social Security
No. 489-10-8664. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Hilda Chandler 6. (c) Age of husband or wife if
alive 45 years7. Birth date of deceased September 4, 1892
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 5 13 hr. min.9. Birthplace Wayne City Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Buyer
11. Industry or business Department Store12. Name John R. Chandler
13. Birthplace Zenia Ill.
(City, town, or county) (State or foreign country)14. Maiden name Mary King
15. Birthplace Ill.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Maudie Chandler Liffander
(b) Address 5376 Bushing Ave17. (a) Entombment (b) Date thereof Feb. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Mausoleum18. (a) Signature of funeral director Charles Keon Funeral Home
(b) Address Washington Bl.
FEB 18 194019. (a) (b) J. B. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. Park and Plaza Hotel
220 N. Kingshighway (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1940 hour 1:2 minute 45 P.21. I hereby certify that I attended the deceased from July 10, 1939 to Feb 17, 1940
that I last saw him alive on Feb 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
 Due to Hypertensive
Myocarditis Chronic
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations 93C

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury fall28. Signature Edwin Hill (M. D. or other) _____
Address 462 N. Taylor Date signed 2/17/40

FILED MAR 22 1940

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Thomas R. Reurich

Licensed Embalmer No. 3793

P. O. Address St Louis, Mo.

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 this body is not embalmed, above space should be left blank.