No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 115

State File No. 43914

Registrar's No. 2285

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6601 Bartmer Ave.
(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) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis,
(c) City or town University City,
(If outside city or town limits, write "RURAL")
(d) Street No. #6601 Bartmer Ave.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES F. CHANDLER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 16, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 6. Days 17 If less than one day hr. min.

9. Birthplace Wayne City (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Police Captain,

11. Industry or business University City, Mo. 9

FATHER
12. Name John R. Chandler 9
13. Birthplace unk. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Thing
15. Birthplace unk. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ches. F. Chandler.
(b) Address #6601 Bartmer Ave.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 12/6/1940. (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEM.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) DEC 4 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1940 hour 8 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun-shot wound of chest	12-3-40
Due to: Self-inflicted gun-shot wound of chest	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 167	
Major findings: Of operations	
Of autopsy	

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) Suicide
(b) Date of occurrence
(c) Where did injury occur? own home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? own home (Specify type of place)
While at work? No (e) Means of injury 5

23. Signature Louis H Bopp (M. D. or other)
*Address Kirkwood Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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