

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

FILED JUN 2 1942 91

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4489

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

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17
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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:
3841 Folsom Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3841 Folsom Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ida May Chandler

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Owen Chandler

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

7. Birth date of deceased: November 18 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 of 1942
year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 21 1942 to May 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Oedema Lungs Duration _____

8. AGE: Years Months Days If less than one day

80 6 3 hr. min.

Due to Chronic Interstitial Nephritis 2MKS

Due to Myo. Carditis "

Other conditions Arterio Sclerosis 1 yf.

(Include pregnancy within 3 months of death)

9. Birthplace Decatur / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name William Hanks

13. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations 131

Of autopsy 131

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Faye Bernard

(b) Address 3841 Folsom Ave

17. (a) Burial (b) Date thereof May-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flora, Illinois

18. (a) Signature of funeral director A. Frank Hall Co

(b) Address 2707 N Grand Bly'd

19. (a) MAY 23 1942 (b) J. J. Prudeck
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature W. B. Caved (M. D. or other) 0 2/2

Address 3839 Johnson Date signed 5/21/42

APR 19 1944

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.....

Paul F. [Signature]

Licensed Embalmer No. *2691*

P. O. Address. *2707 W. Grand St.*

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, fact should be so stated above.