

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

FILED JUN 14 1943

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **4 weeks**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Velma Chandlers**

3. (b) If veteran, name war..... 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Single**

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

7. Birth date of deceased. **September 20, 1899**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**43** ~~36~~ **8** **9** hr. min.

9. Birthplace **Farmington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary**

11. Industry or business.....

12. Name **Theodore B. Chandlers**

13. Birthplace **Farmington Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Hawn**

15. Birthplace **Farmington Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Theodore Chandlers**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **5/31/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Farmington, Missouri**

18. (a) Signature of funeral director. **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.,**

19. (a) **JUN 2** (b) **J. F. Brudeck**  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Clayton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7718 Crondalet Avenue.,**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**  
year **1943** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **5/1** 19**43** to **5/29** 19**43**  
that I last saw **her** alive on **5/29** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Dilatation of heart** Duration **1 da**

Due to **Mitral Stenosis** ?

Due to **Banti's disease & of Splenic aneurysm** **6 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Splenomegaly - Cirrhosis of liver (Splenectomy 5/7/43)** Of autopsy **5/29/43 As above noted**

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) (e) Means of injury  
23. Signature **Poland Sheffer** (M. D. or other)  
Address **4500 Olive** Date signed **5/29/43**

MAR 2 1945

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**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

*Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address.....

**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.