

FILED AUG 28 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7196**

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:  
Enroute City Hospital #1 **2**  
(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 Candrl (Chandler)

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-09-4749

4. Sex Male **0** 5. Color or race White 6. (a) Single, widowed, married, divorced Single **C**

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

7. Birth date of deceased About 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 59 hr. min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name Anthony Candrl

13. Birthplace Jugoslavia **9**  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jeccinovic

15. Birthplace Jugoslavia **8**  
(City, town, or county) (State or foreign country)

16. (a) Informant John Maricic

(b) Address 4324 Grace Av.

17. (a) Burial (b) Date thereof 8/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wm. G. ...

(b) Address 1926 Allen Av.

19. (a) AUG 16 1948 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOO  
 (c) City or town St Louis **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 608 Elm Street **9**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th  
 year 1948 hour 7:45 minute A. M.

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

Immediate cause of death Fracture of skull; Subdural hematoma, when he was found lying on the sidewalk on the East side of 14th Street, about 15 feet South of Franklin Ave., around 2:50 A.M., Aug. 7, 1948. TIME, PLACE, CAUSE AND MANNER OF SAME COULD NOT BE ASCERTAINED.

Other conditions \_\_\_\_\_ OPEN VERDICT **8**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ **195**  
 Of autopsy \_\_\_\_\_ **HE**  
 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) OPEN VERDICT

(b) Date of occurrence Aug. 7, 1948

(c) Where did injury occur? St. Louis **MOO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Robert C. Taylor **3** (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 8-16-48

WRITE PLAINLY - USE CAPS AND UNDERLINE

**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..... me

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

Signed Benny R. Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1976 Allen

**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.**