

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital No. 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Maryland b. COUNTY _____ c. CITY OR TOWN Baltimore d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 929 So. Bayliss St.		
3. NAME OF DECEASED (Type or Print) Leon DeSherne Chandler a. (First) Leon b. (Middle) DeSherne c. (Last) Chandler		4. DATE OF DEATH (Month) (Day) (Year) 8 - 2 - 56		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1895	
9. AGE (In years last birthday) 60	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Car Waiter	10b. KIND OF BUSINESS OR INDUSTRY B. & O. Railroad	11. BIRTHPLACE (City and State or Foreign Country) Boston Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Anna Chandler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Chandler, 929 S. Bayliss, Balt. Md.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Congestion Cardiac Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 434.3		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:36A m., from the causes and on the date stated above.				
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/4/1956	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE REC'D BY LOCAL REG. AUG 4 1956		REGISTRAR'S SIGNATURE J. Carl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Baker & Son Funeral Home 3201 N. Newstead

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.