

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

43028

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp. St. Louis Primary Registration District No. **1000**
 City St. Louis (No. Mo Baptist Sanitarium St. Ward)

File No.
 Registered No. **12303**

2. FULL NAME

(a) Residence, No. 1471 Ashington St. 6 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert R Chapline</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 8 1884</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAY <u>9</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) Illa.

PARENTS

10. NAME OF FATHER <u>James Van Sandt</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ky</u>
12. MAIDEN NAME OF MOTHER <u>Mary Hubbard</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Albert R Chapline
 (Address) 1471 Ashington St

15. FILED 18 1928 near Estamer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1928
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1928, to Dec. 17, 1928 that I last saw her... alive on Dec. 16, 1928, and that death occurred, on the date stated above, at 7:55 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
acute Pericarditis and Uremia
due to Chronic Nephritis (duration) yrs. mos. ds. 8
 CONTRIBUTORY (SECONDARY) Myo pericarditis
Indefinite (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) J. J. J. J., M. D.
12/17, 1928 (Address) 5718 Easton Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walhalla DATE OF BURIAL 12-19 1928

20. UNDERTAKER Arthur J. O'Connell ADDRESS 2039 Grand St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1000 Spent -
5720.2 Easton -

400 8580

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