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

Do not use this space.

12788

File No. 3327

Registered No.

1. PLACE OF DEATH

County

Registration District No. 701

Township St Louis Mo

Primary Registration District No. 1002

City St Louis Mo (No. Bethesda Hospital St. Ward)

2. FULL NAME James Lewis Chapman

(a) Residence. No. 4875 Penrose St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	3	6	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James L Chapman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Marie Layton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Louis Mo

14. INFORMANT James L Chapman
(Address) 4875 Penrose St

15. FILED APR 19 1929, 19 Walter A Timberlake
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-13 1929, to 3-16 1929, that I last saw h. m. alive on 3-16 1929, and that death occurred, on the date stated above, at 5 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia Streptococcus
115A [Infected Throat]
36 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) non Diphtheritic
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dillworth Kneal, M. D
3/18 1929 (Address) 210-12 Fritz Bldg

*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	DATE OF BURIAL
Lue Cem	March 19 1929

20. UNDERTAKER	ADDRESS
Math Hermann & Son	2161 Park Av