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

Do not use this space.
20799
~~20897~~

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5596

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. Alexian Bros Hosp St. ..... Ward)

2. FULL NAME Jess Chapman

(a) Residence No. Jennings Mo St., 24 Ward. Jennings Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1870

7. AGE: About 60 YEARS | MONTHS: Unknown | DAYS: | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rent Collectors
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Jenwood Realty Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: James Chapman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Henry Chapman
(Address) Dol Reyne Mo

15. FILED JUN 9 1930 Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to June 7, 1930 that I last saw him alive on June 6, 1930, and that death occurred, on the date stated above, at 1 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute myocarditis
93A
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) unknown
..... (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? clinical course
(Signed) Watchnede, M. D.
, 19 (Address) 2208 Lynch St Louis Mo

*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: Memorial Park Cem
DATE OF BURIAL: 6-9 1930

20. UNDERTAKER: Kriegshauser & Co So Kingshighway
ADDRESS 4228

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.