

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

Do not use this space.

37531

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10003
City St. Louis (No. 1731) Julia Ave St. Ward

File No.
Registered No. 10203
St. Ward

2. FULL NAME

William Chapel
(a) Residence, No. 1731 - Julia St., 25 Ward.

(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 male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Emma Chapel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 35

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sobran 237
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown S.C.

FATHER 13. NAME Thomas Chapel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia S.C.

MOTHER 15. MAIDEN NAME Suzendia Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown S.C.

17. INFORMANT (ADDRESS) Emma Chapel 1731 - Julia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Church DATE 11-19-1932

19. UNDERTAKER (ADDRESS) A. S. Deal and Co. 925 N. Julia Ave

20. FILED Nov 15 1932 W. J. Standen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th 1932 to Nov 13th 1932
I last saw him alive on Nov 12th 1932. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Lobar Pneumonia
108
108
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) B. W. Chapel M. D.
(Address) 925 N. 14th 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.

