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.

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

Do not use this space.

37544

DEC 12 1935

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9512

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

City St Louis (No. St Annes Hospital St. ..... Ward)

2. FULL NAME Dolores Mae Chapman

(a) Residence, No. 1092A So Newstead St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1935

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 11 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St. Louis Mo

FATHER
13. NAME William Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Dorothy Herzog
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) William Chapman 1092A So Newstead

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 11-13 1935

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED NOV 13 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935, to Oct 12, 1935

I last saw him alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Intracranial Birth Injury

Date of onset

160 lb

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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? No

If so, specify —

(Signed) C. Kleinschmidt, M. D.

(Address) 520 Metropolitan Bldg

Kleinsofrindt
Dr ~~ah hasp~~ Metro
12^{30} Sharp