JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 41782

Township ..... Primary Registration District No. 1003 Registered No. 11030

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

2. FULL NAME Alfred A. Chappuis

(a) Residence, No. 7271 Forsyth St., N.P. Ward. Clayton 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

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 Amy Chappuis (Pourcaly) nee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tents Furnishing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Alfred Alexander Chappuis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Susanne Ferrier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

17. INFORMANT (ADDRESS) Amy Chappuis (wife) 7271 Forsyth

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec 28 1935

19. UNDERTAKER (ADDRESS) Bensick-Niehaus 1138 N. 6th St.

20. FILED DEC 27 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Dec 25, 1935

I last saw him alive on Dec 25, 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

	Date of onset
Lobar Pneumonia	12-24-35
myocarditis - acute	12-24-35
108	

Other contributory causes of importance:

acute Pharyngitis	12-20-35

Name of operation none Date of .....

What test confirmed diagnosis? Course 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? no

If so, specify .....

(Signed) N. Oschneider, M. D.

(Address) 3318 S. Grand St Louis Mo

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.

100M-11-24-33

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