

APR 27 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Overland Mo. (No. 2333 Longfellow)

Registration District No. 789  
Primary Registration District No. 6033

File No. 13408  
Registered No. 88  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Chapman

(a) Residence, No. 2333 Longfellow Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) 4-2-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 11 12

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

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

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) California

13. NAME Albert E. Chapman

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

15. MAIDEN NAME Mary E. Feltner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Anna Gurbach  
4544 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE March 16, 37

19. UNDERTAKER (ADDRESS) Allyander & Sons  
6175 Delmar Blvd.

20. FILED 3-15-1937 W. A. Boehmer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1937, to March 14, 1937. I last saw him alive on Feb 28, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

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

Myocarditis  
Chf.

Date of onset:

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J. O. Harrison M. D.

(Address) 675 3rd Ave

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.

Dr. J. D. Thurman

6753 Page Ave.

Park-View 3155