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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

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

File No. 21987

Registered No. 5739

City St. Louis (No. City Hospital No.1 St. ..... Ward)

B 15526

2. FULL NAME Homer Chapman

(a) Residence, No. 3707 North 11th St., 16 Ward.
(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: 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: Vertis Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23, 1904

7. AGE: 33 YEARS; 2 MONTHS; 15 DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Illinois

FATHER

13. NAME: Edward Chapman

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

MOTHER

15. MAIDEN NAME: Ella ? Hunt

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

17. INFORMANT (ADDRESS): Hosp. Info. M. H. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews DATE 6/11/37, 19

19. UNDERTAKER (ADDRESS) C. W. McLaughlin 2301 Lafayette

20. FILED JUN 11 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/26/37, 19, to 6/8/37, 19, I last saw him alive on 6/8/37, 19 Death is said to have occurred on the date stated above, at 6.55 a.m.

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

	Date of onset
Bilateral empyema	
Generalized Septicemia	
Regress of Lobar Pneumonia	
Peritonitis from empyema	

Other contributory causes of importance:

108

Name of operation Thoracotomy - bilateral 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?
If so, specify

(Signed) J. S. Berchtold, M. D.
(Address) City Hospital No.1

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.