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

32988
Do not use this space.

OCT 14 1937

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis,
(d) Street No. Homer.G.Phillips Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003 Registered No. 9042

2. PRINT FULL NAME Ruby Chapman.
(a) Residence, No. 915.A.N.22nd, Street, St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,
4. COLOR OR RACE Colored,
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) 9-29-1916.
7. AGE YEARS 20 MONTHS 11 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hair Dressor,
9. Industry or business in which work was done, as 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) Mississippi.

FATHER
13. NAME -C.J.Chapman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi.

MOTHER
15. MAIDEN NAME Estelle Gardner,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi.

17. INFORMANT Edgar Chapman.
(ADDRESS) 915.N.22nd, St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Yazoo, Miss. DATE Oct 1st, 37.
19. FUNERAL DIRECTOR Love Funeral Home.
(ADDRESS) 3193 Washington Bl'vd.
20. FILED SEP 28 1937 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26th 1937.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

Lysol Poisoning
Self administered at her home at about 1 15 P.m. Sept 26-1937

Date of onset

Other contributory causes of importance:
Suicide

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? Suicide Date of injury 9/26, 1937
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Lunsford M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, R.C.Houston, Jr., Licensed Embalmer No. 2266.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

R.C.Houston,Jr., L. E.

No. 2266. or by , Registered Apprentice No.

working under my personal supervision.

Signed R.C.Houston Jr.

Licensed Embalmer No. 2266.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)