FEB 12 1938

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

791 / 1003

202
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 58

(c) City ST. LOUIS, MO (d) Street No. CITY INFIRMARY 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.

2. PRINT FULL NAME GEORGE CHAPMAN 155

(a) Residence, No. CITY INFIRMARY St. 13
(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: 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 Mrs. Lillian Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1875

7. AGE: YEARS 62 MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PAINTER
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) Illinois 1

FATHER
13. NAME Joseph Chapman 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9

MOTHER
15. MAIDEN NAME Susan Ann McKinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Lillie Chapman 2633 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Jan. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster 4234 Manchester Ave

20. FILED JAN 3 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1936, to Jan 1, 1938
I last saw him alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at 1.05 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative	
Heart Disease	
9 3C	

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of .....
What test confirmed diagnosis? None 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.
None
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. R. Young, M. D.
(Address) 5600 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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, Floyd Eynck, Licensed Embalmer No. 1284

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Floyd Eynck

Licensed Embalmer No. 1284

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