

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100826819
Do not use this space.

Registered No. 6833

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 2726 Geyer Ave...... 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 Infant Chapman

(a) Residence, No. 2726 Geyer Avenue St. 23
 (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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 9. Industry or business in which work was done, as saw mill, bank, etc. Nil
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Fred Chapman 0
 14. BIRTHPLACE (CITY OR TOWN) Monterey 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lola Alcorn
 16. BIRTHPLACE (CITY OR TOWN) Monger
 (STATE OR COUNTRY) Missouri

17. INFORMANT Fred Chapman
 (ADDRESS) 2726 Geyer Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Matthews DATE Aug. 1, 1938

19. FUNERAL DIRECTOR A. W. McLaughlin
 (ADDRESS) 2301 Lafayette

20. FILED AUG 1 1938 J. F. Budeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938 to July 31, 1938

I last saw him alive on July 31, 1938. Death is said to have occurred on the date stated above, at 4:55 AM.

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

Still Birth

Date of onset

Other contributory causes of importance: —

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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. M. Hayes M. D.(Address) 2025 Jefferson

STATEMENT BY LICENSED EMBALMER

I, Paul A Keith, Licensed Embalmer No. 3612

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

..... L. E.

No. 3612 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul A Keith

Licensed Embalmer No. 3612

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.)