

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7437

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 20 yrs
years, months or days)

3. (a) PRINT FULL NAME Ethel Chaplin

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward Chaplin 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 14 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ed Chaplin

(b) Address 413 W. Stein

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) SEP 4 1940 (Date received local registrar) (b) [Signature] (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")
(d) Street No. 413 W. Steins
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 1,
year 1940 hour 4:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 29, 1940 to September 1, 1940;
that I last saw her alive on September 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation Duration 4-5 days

Due to Cardiac Hypertrophy 4.5 yrs

Due to Arterio Sclerosis

Other conditions Nephrosclerosis
(Include pregnancy within months of death)

Major findings: Pericarditis PHYSICIAN 131
Of operations _____ Underline (the cause to which death should be charged statistically).

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 9/3/40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Oliver E. Fender

Licensed Embalmer No. 4148

P. O. Address St. Louis

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.)

If this body is not embalmed, above space should be left blank.