

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

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Chapman, John

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Addie Chapman 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased may 25 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Labor

11. Industry or business _____

12. Name John Chapman

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 Addie Chapman

(b) Address 3412 Clark Ave

17. (a) Burial (b) Date thereof 9 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) SEP 12 1940 (b) J. P. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3412 Clark
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 1940
year 1940 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 10, 1940 to Sept 9, 1940
that I last saw him alive on Sept 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
arteriosclerotic H. Disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 956

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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?

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

23. Signature William Beaton (M. D. or other) M.D.
Address for P. S. Davis, 1536 Poplar St. Date signed 9-10-40

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 L. Boyer, Registered Apprentice No. myself, working under my personal supervision.

Signed

Lorrie Boyer

Licensed Embalmer No. 2946

P. O. Address St Louis 4

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.