

791

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **10339**

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

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:
Mo. Bap.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 WKS.**
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Maplewood**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7323 Lohmeyer**
 (If rural, give location) **N.R.**
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**
 year **1940** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 14, 1940**
 _____, 19____, to **Dec 14, 1940**, 19____;
 that I last saw h_er alive on **Dec 14, 1940**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis

Duration
**5 weeks
 & 5 days**

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature **E. O. Breenidge** (M. D. or other)
 Address **Maplewood, Mo.** Date signed **Dec 16, 1940**

3. (a) PRINT FULL NAME **Annie Laura Chapman**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan. 12, 1874**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 2 hr. min.

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

10. Usual occupation **Teacher**

11. Industry or business _____

12. Name **James F. Chapman**

13. Birthplace **Andover, Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Nellie Baranger**

15. Birthplace **New Orleans, La.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lida Chapman**

(b) Address **7323 Lohmeyer**

17. (a) **Burial** (b) Date thereof **12-17-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellfountain**

18. (a) Signature of funeral director _____

(b) Address **7456 Manchester**

19. (a) **DEC 17 1940** (b) **J. T. Bredeck**
 (Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No. *4129*

P. O. Address *Maplewood*

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, fact should be so stated above.