

S. No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4142

State File No. _____

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Farmington
(c) Name of hospital or institution: State Hospital # 4 2
(d) Length of stay: In hospital or institution 1-Y 6-M.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 941
(c) City or town St. Louis
(d) Street No. Avalon Hotel
(e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME Josephine A. Chapman

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

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

7. Birth date of deceased UNKNOWN 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months UNKNOWN Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Christopher Chapman

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

14. Maiden name Mary Sullivan

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

16. (a) Informant Mr. Harry Cornet
(b) Address 4550 Pershing Ave.

17. (a) Burial (b) Date thereof 1-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salvatory St. Louis

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) Jan 9-1941 (b) R. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th. year 1941 hour 6 minute 50 a.m.

21. I hereby certify that I attended the deceased from May 2, 1939, to January 9, 1941; that I last saw her alive on January 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis, arteriosclerotic intype ?
Due to Arteriosclerosis, generalized ?
Due to _____

Other conditions Bochdalek with Cerebral Arteriosclerosis 7+ years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 C. C. Ault (M. D. or other) MD
Address _____ Date signed 1/10/41

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

74
0
0

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

Stanley Marshal

Licensed Embalmer No. 2868

P. O. Address 3840 Leibel

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.