

FILED MAR 2 1942

Registration District No. 100

Primary Registration District No. 100

Registrar's No. 426

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Brentwood.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brentwood Nursing Home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month.
(Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 1935 N. Broadway.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Lettie Chapman

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late John Chapman.

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

7. Birth date of deceased November 13 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>3</u>	<u>10</u>	<u>hr. min.</u>

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

10. Usual occupation None.

11. Industry or business

MOTHER FATHER { 12. Name Unknown Wilcoxson.

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 Louis Chapman

(b) Address 1935 N. Broadway

17. (a) Burial (b) Date thereof 2-26-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave

19. (a) FEB 25 1942 (b) E. H. Mc Larson
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1942 hour 11 minute 26P M.

21. I hereby certify that I attended the deceased from Feb-12
1942 to Feb-23 1942
that I last saw her alive on Feb-23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration about one week

Due to ✓

Due to ✓

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

PHYSICIAN

Major findings: ✓

Of operations ✓

Of autopsy ✓

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 D. J. McHaver (M. D. or other)

Address 2223 St. Jefferson Date signed 2-25-42

Dr. J. M. Haven.
2027 S. Jefferson
St. Louis Mo. 9440.
2-3 P.M.

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 John P. Bickholz
Licensed Embalmer No. 1674
P. O. Address 2223 Soliman Ave

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.

101 23 45