

Registration District No. 111

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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 Elizabeth Chapman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence Chapman 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April 23, 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 3 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name ? Neely
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Unkown
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Chapman

(b) Address 6407 Bartmer Ave.

17. (a) Burial (b) Date thereof July 31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JUL 30 1942 (b) C. J. Mc Gair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6407 Bartmer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1942 hour 7.30 minute P.M. M.

21. I hereby certify that I attended the deceased from 7:00 a.m.
on July 28, 1942, to 7:30 P.m., 7/28, 1942
that I last saw h. or alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Hemorrhage
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy Nothing Pathological

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 James D. Bell (M. D. or other)
Address 6125 Bartmer Date signed 7/31/42

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

96
300
3

96
300
5

707

DR. P. J. REILLY

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. 3225

P. O. Address 112 5 Hodiemont 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, above space should be left blank.