S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1942

Registration District No. 818

Primary Registration District No. 1003

State File No. 38579

Registrar's No. 10282

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2715 a Franklin ave (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) 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 21 (If outside city or town limits, write "RURAL")

(c) City or town St Louis

(d) Street No. 2715 Franklin ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME PAULINE CHAPMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 10 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) La 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Edmond Willis
13. Birthplace (City, town, or county) La 1 (State or foreign country)

MOTHER
14. Maiden name Anna Thornton
15. Birthplace (City, town, or county) La 1 (State or foreign country)

16. (a) Informant Mamie Wilson

(b) Address 2715 a Franklin ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) DEC 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1942 hour 6 minute 10 AM

21. I hereby certify that I attended the deceased from July 12 1942 to Dec. 5 1942 that I last saw her alive on Dec. 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS — Duration 6 mos.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. G. Clark (M. D. or other)

Address 2748 a Franklin Date signed 12/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. A. Green

Licensed Embalmer No. 7963

P. O. Address 2915 Franklin a

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.