

LED APR 19 1943

1003

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1917 Maury
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claude Capehart

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

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

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

7. Birth date of deceased July 23, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 6 hr. _____ min.

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

10. Usual occupation Mail Department

11. Industry or business Terminal Railway

MOTHER FATHER { 12. Name Thos. Capehart
13. Birthplace Indiana
14. Maiden name Sarah Blair
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Cordia Capehart

(b) Address 1917 Maury

17. (a) Burial (b) Date thereof 4-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAK 31 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1943 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 24, 1943, to March 29, 1943;
that I last saw him alive on March 29, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Lobar pneumonia Duration 2 days

Other conditions Gen. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 108
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 D

23. Signature Harol Steele (M. D. or other) _____
Address Mo. Pacific Hospital Date signed 3/29/43
St. Louis, Mo.

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.

Embalmer filed separately

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.