

318 STANDARD CERTIFICATE OF DEATH

11977

State File No.

3456

APR 23 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 7 days
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME William Chaoman

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

4. Sex MALE 5. Color or race C 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... 12 15 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 3 24 hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business.....

12. Name WILLIAM CHAPMAN

13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name CORA LOVE

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Rice

(b) Address 3118 Lawton

17. (a) BUTIA (b) Date thereof H-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director Gene Love

(b) Address 3103 Washington

19. (a) APR 13 1943 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3115 Clark
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9,
year 1943 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from April
2, 1943 to April 9, 1943;
that I last saw h. in alive on April 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Ruptured Peptic Ulcer (Autopsy) 4 days
Lobar Pneumonia (Autopsy) 2 days

Due to.....
Due to.....

Other conditions Pul. Tbc (Autopsy) Unk.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

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.....

23. Signature C. R. Mervin (M. D. or other)
Address 3017 N. Whittier Date signed 4/10/43

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

MOTHER FATHER

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.....

William Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

45-75- Aldine

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.