

No. 2
-5-43
-17-39
X36671

FILED FEB 1 1944
Registration District No. 1318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County.....St. Louis

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

(c) Name of hospital or institution:
City Hospital 0
(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 Mo...... (b) County.....000

(c) City or town.....St. Louis 12
(If outside city or town limits, write "RURAL") 611

(d) Street No. 1316a Marcus Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....0 (Yes or No)

3. (a) PRINT FULL NAME Adele Chapman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harvey Chapman

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 26th 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>29</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Charles Vaughn

13. Birthplace Jerseyville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Crogrove

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harvey Chapman

(b) Address 1316a Marcus Ave.

17. (a) Removal (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchfield Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 25 1944 (b) J. F. Beebeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
year 44 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 29, 1943, to Jan 28, 1944
that I last saw her alive on Jan 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma 7 mo

Due to General Carcinomatosis 3 mo

Due to.....
Other conditions (Include pregnancy within 3 months of death) 48

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 Adam Gijounguan (M. D. or other) MD

Address 39 E. Lavois Date signed 1/27/44

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.....

Edwin S. DeWitt

Licensed Embalmer No. *3027*

P.O. Address *St. Louis, Mo.*

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.