DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19557

FILED JUL 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5792

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 11 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4452a Evans
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jimmie Lou Chapman

3. (b) If veteran, name war

3. (c) Social Security No. unk

4. Sex Female 3

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May (Month) 10 (Day) 1910 (Year)

8. AGE: Years 34 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Johnnie Johnson
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Cora Rhodes
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Raymond Chapman
(b) Address 4452a Evans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.29.44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros. Und. Co.
(b) Address 3644 Finney ave.

19. (a) JUN 28 1944 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1944 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from 6-12-1944 to 6-24-1944 that I last saw her alive on 6-24-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Generalized Peritonitis (1 day)

Due to Intestinal Obstruction (3 days)

Due to 122

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction from Adhesions

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Hale (M. D. or other)

Address 822a N. Jefferson Date signed 6/26/44

(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.....

Licensed Embalmer No. 2842

P. O. Address 3644 Fine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.