

FILED SEP 30 1944
Registration District No. 318

Primary Registration District No.

State File No. _____
Registrar's No. 8209

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:
4011 MAFFITT 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

3. (a) PRINT FULL NAME Sophia Chatman

3. (b) If veteran, name war No
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 Louis Chatman 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 2 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business NONE

MOTHER FATHER { 12. Name FRITZ BAUMAN 11
13. Birthplace GERMANY 14
14. Maiden name not known
15. Birthplace not known

16. (a) Informant Louis Chatman

(b) Address 4011 MAFFITT

17. (a) BURIAL (b) Date thereof 9-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VAHALLA CEMETERY

18. (a) Signature of funeral director A. Stone L.O. Co

(b) Address 2707 N. Grand

19. (a) SEP 26 1944 (b) Registrar's signature J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 4011 MAFFITT
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 24
year 1944 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 27 to Sept 27 1944
that I last saw her alive on Sept 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction - Chronic
Due to Myocardial infarction

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. F. Brudeck (M. D. or other)
Address 4500 Olive St. Date signed 9-25-44

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

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.