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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31763

State File No.

FILED OCT 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8794

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days) In this community

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. City Sanitarium, 5400 Arsenal (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK CHAPPINS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
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 January (Month) 1869. (Day) (Year)
8. AGE Years 76 Months 2 Days If less than one day hr. min.
9. Birthplace Perryville, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Retired - Cabinet Maker
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace France (City, town, or county) (State or foreign country)
14. Maiden name Mary Guyot
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Estelle M. Manche
(b) Address 3658 W. Pine Blvd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct.12,1945. (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) OCT 11 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th year 1945 hour 7:05 minute A M.
21. I hereby certify that I attended the deceased from 9/30/45, 19..., to 10/11/45, 19...; that I last saw him alive on 10/11/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral nephrosclerosis + pyelonephritis - non-calculous — Duration
Due to
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? (Specify type of place)
(e) While at work? (f) Means of injury

23. Signature L. L. Herrell (M. D. or other) MD
Address 1515 Lafayette Date signed 10/11/45

(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 John A. Milner

Licensed Embalmer No. 4186

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.