DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 178

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 608

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:
Enroute City Hospital 1 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5505 Pennsylvania ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George M. Chappell

3. (b) If veteran, name war no

3. (c) Social Security No. no

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 December (Month) Nov. 19 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
About 58	1	28	hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Harvey Chappell

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

14. Maiden name Unknown

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

16. (a) Informant George Freise

(b) Address 5505 Pennsylvania ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery Co. C. Hoffmeister U.&L. Co.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) JAN 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1946 hour 6:15 minute PM. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to arterio sclerosis

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Collins (M. D. or other)

Address Date signed 1-20-46

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 F. Broadway

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
City of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 608

On this 8 day of February, 1946, before me appears Virginia Marie Freise, who, upon her oath, states that the original record of birth/death for George M. Chappell, died/born Jan. 17, 1946, in the State of Missouri, and which was filed at ....., on ....., 19....., should be corrected as follows:

Item No. 7 should read November 19 - 1887

Instead of December

Item No. 8 should read age 58 - 1 - 28 - days.

Instead of 4 68 - - - - -

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Virginia Mary Freise
Relationship.

5505 Pennsylvania
Present Address.

Subscribed and sworn to before me this 8th day of February, 1946

My Commission expires April 30, 1948 Edward F. Michel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
DM-5-43
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178