

FILED APR 22 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 327

Primary Registration District No. 6076

Registrar's No. 838

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/26/46
(Specify whether
In this community 59 Years
years, months or days)

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. 6228 Berthold
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT CHAPEL, Charles C.
FULL NAME

3. (b) If veteran, World I name war
3. (c) Social Security No. 487207155

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Asa Chapel
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Dora Lovell
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof April 12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) 4-13-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from 3/26/46 19____ to 4/10/46 19____
that I last saw h. im alive on April 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LARYNX WITH DIRECT EXTENSION TO SURROUNDING STRUCTURES
Duration UNK

Due to 47a
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: No Operation
Of operations _____
Of autopsy No 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) No
(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? [Signature] (Specify type of place) (Specify type of injury)

23. Signature L. E. SILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 4/10/46

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

13249

APR 26 1946

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 *Harold Schumacher*.....

..... Licensed Embalmer No. *2679*.....

P. O. Address. *7814 5th Broadway*.....

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.