

No. 2
-12-45
-5-17-39
I X47070

FILED DEC 24 1946 318

State File No. _____

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 10719

1. PLACE OF DEATH:

(a) County St. Mary's Infirmary

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

(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
20 Years (Specify whether years, months or days)

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. 2820 Thomas
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH CHAPMAN

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex female

5. Color or race negro

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

6. (b) Name of husband or wife Chapman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 28 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th
year 1946 hour 4:30 minute 5/2 M.

21. I hereby certify that I attended the deceased from Dec 6th
1946 to Dec 11th 1946
that I last saw her alive on Dec 11th 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 8 63 14
hr. min.

Immediate cause of death Intestinal Obstruction 5 Days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1946

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

10. Usual occupation Domestic

11. Industry or business _____

12. Name Joseph Eddie Phelps

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

14. Maiden name Sarah Thomas

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jake Chapman

(b) Address 2820 Thomas St.

17. (a) Burial (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Oliver E. Peltz

(b) Address 3030 Bell Ave.

19. (a) DEC 15 1946 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature J. T. Alrich (M. D. or other)

Address 2655A Franklin Date signed 12-12-46

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

11040

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.....

Escher K. Harris

Registered Apprentice No. *416*

working under my personal supervision.

Signed.....

J. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address: *4575 Aldine*

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.