

FILED MAY 1 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
6435 Virginia Ave.
(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 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Aaron Chapin

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male Female

5. Color or race White

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

6. (b) Name of husband or wife Daisy Chapin

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 1 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____

12. Name Charles H. Chapin

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

14. Maiden name Sarah Nettleton

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

16. (a) Informant H. L. Chapin

(b) Address 6435 Virginia Ave.

17. (a) Burial 6435 Virginia Ave.
(Burial, cremation, or removal)

(b) Date thereof Apr. 24 1947
(Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAIN CEM. C. Hollmeister Colonial Mortuary

18. (a) Signature of funeral director J. F. Bradock

(b) Address 6164 Chippewa St.

19. (a) APR 23 1947 (Date received local registrar)
J. F. Bradock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San

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

(d) Street No. 6435 Virginia Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 21
year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 15, 1947, to April 21, 1947.
that I last saw him alive on April 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions U.V.
(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)
(c) Means of injury 0

23. Signature George M. Bradley (M. D. or other)
Address 6829 Virginia Date signed 7/24/47

E. W. McBratney
6829 Virginia Ave.
LO 0491

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 T. 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.