

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25397
Registrar's No. 7037

FILED AUG 8 1947

Registration District No. _____

Primary Registration District No. _____

1003

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1316a Walton Ave.
6 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28,
year 1947 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from 7-22-27
19____ to 7-28-27 19____;
that I last saw him alive on 7-28-27 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Congenital Heart
Atelectasis
Duration _____

Other conditions (Include pregnancy within 3 months of death)
157

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) (e) Means of injury _____
23. Signature J. B. Bueck (M. D. or other) _____
Address 4500 Olive St. Date signed 7/28/47

3. (a) PRINT FULL NAME BABY BOY CHAPPEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife NEW BORN (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Lee H. Chappel
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Constance Martino
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lee H. Chappel
(b) Address 1316a Walton Ave.

17. (a) Burial (b) Date thereof 7/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) JUL 29 1947 (b) J. B. Bueck
(Date received local registrar) (Registrar's signature)

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.

NO EMBALMING

Signed *Loren E. Percy*

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis 18 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.