

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

FILED NOV 28 1947 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Hrs 45 minutes  
21 hrs 45 minutes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri **Ill** (b) County St. Louis **999**

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

(d) Street No. Peoples Hosp. (New born)  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Infant Chapman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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 Nov 7 1947  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>21</u> hr. <u>45</u> min.

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

10. Usual occupation Infant at home

11. Industry or business Joe Chapman

12. Name Joe Chapman

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

14. Maiden name Fannie Williams

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

16. (a) Informant Joe Chapman

(b) Address 315 So. 4th St., Lovejoy, Ill.

17. (a) removal (b) Date thereof Nov 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J. H. ...

(b) Address 2205 Missouri, E. St. Louis, Ill.

19. (a) NOV 13 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 6 1947 to Nov 7 1947  
that I last saw her alive on Nov 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
atelectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 161  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature Dr. Carl Keenan (M.D. or other) **1947**  
Address Lovejoy Date signed 11/10

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

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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ben. H. Baldurin*

Licensed Embalmer No. *2420*

P. O. Address *E. St. Louis*

**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.

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