. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 3947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 43647

Registrar's No. 2671

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo. 22 days (Specify whether years, months or days)
In this community: 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis Co.
(c) City or town: Wellston (If outside city or town limits, write "RURAL")
(d) Street No.: 6425 Suburban (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Marie Chappee
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Joseph
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: June (Month) 26 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	26	hr. min.

9. Birthplace: Jerseyville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER
12. Name: Michael Duggan
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ann Long
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Joseph Chappee
(b) Address: 6425 Suburban, Wellston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 24, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mississippi Township, Jersey Co. Ill.
18. (a) Signature of funeral director: Robert H. Streeper
(b) Address: 2521 Edwards St. Alton Ill.
19. (a) 12-24-47 (Date received local registrar) (b) Beula J. Shipp (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22 year 1947 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from Oct. 30 1947 to Dec. 22 1947 that I last saw her alive on Dec. 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
52 hr
Due to: Bronchopneumonia
Due to: Carcinoma of the bladder c regional metastases
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: as above

PHYSICIAN
Underline the cause of 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) Place of occurrence: (City or town) (County) (State)
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Carlton G. Brown (M. D. or other)
Address: 601 Brentwood Blvd. Date signed: 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1948

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 Robert H. Streeper.

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.