No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6176 1926

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 4206a W. Cook
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
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. 4206a W. Cook
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RITA L. CHAPMAN
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Allen 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 6 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	5	29	hr. min.

9. Birthplace Jennings Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --
MOTHER FATHER
12. Name Robert Baker
13. Birthplace Richmond Ky. (City, town, or county) (State or foreign country)
14. Maiden name Nancy Shackelford
15. Birthplace Danville Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Ada C. Chapman
(b) Address 4206a W. Cook
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5th year 1948 hour 10 minute 00 A. M.
21. I hereby certify that I attended the deceased from August 1947 19..., to Feb 5, 1948 19...; that I last saw her alive on Feb 5, 1948 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis	Duration 12 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M.D. or other)
Address 11 N. Jefferson Ave. Date signed 2/5/48
E.J.GREGG

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney

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.