

No. 2  
1/47  
17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18232

FILED JUN 15 1948

State File No. \_\_\_\_\_  
Registrar's No. 208

Registration District No. \_\_\_\_\_

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City Mo  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 8 Wks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 7323 Balsom  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Antonia Chappas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Walter Chappas 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 23 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 0 28 hr. min.

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

10. Usual occupation Hwk.

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Lincoln Cipriano

(b) Address 7323 Balsom

17. (a) Burial (b) Date thereof 5/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benald Ill.

18. (a) Signature of funeral director Jack Zimmell Home Dr.

(b) Address 3029 Lafayette

19. (a) 2-24-48 (b) Caraco Shapiro  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 21 Year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 15 to 5/22/48 that I last saw her alive on 5/19/48 and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of ovary

Due to carcinoma of ovary

Due to 49a

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

Major findings: carcinoma of carcinoma of ovary

Of operations \_\_\_\_\_

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

Duration 1 yr

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 Chas Scott M. D. or other \_\_\_\_\_  
3500 N Grand Address Date signed 5/22/48

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

96  
3  
5  
1

MOTHER FATHER

Dr Charles J. West  
3700 72 General 1-3 PM

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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

*David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *3029 LaJayell*

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.