

FILED DEC 23 1948

318

Primary Registration District No.

1003

Registrar's No.

10815

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 16 hrs.
(Specify whether _____)
In this community 48 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4302 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Chapman

3. (b) If veteran, name war no 3. (c) Social Security No. 498-12-0261

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Chapman 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April 22nd 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>7</u>	<u>19</u>	hr. min.

9. Birthplace Opelousas Parish, Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Boatmans Bank Bldg.

12. Name John Chapman

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

14. Maiden name Susan Baglin

15. Birthplace Opelousas La. Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Chapman

(b) Address 4302 Page Blvd.

17. (a) Burial (b) Date thereof 12/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 14 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration _____
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 3
23. Signature Patrick E. Taylor (M.D. or other) _____
Address 1300 Clark Avenue Date signed 12-14-48

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.....

John K. Cunningham

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address.....4107 Finney Avenue

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.