

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3441

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 2063 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>OVERLAND</u>	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>2414 ENTITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>CHAPPELL</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never m.</u>	8. DATE OF BIRTH <u>6-2-1916</u>
9. AGE (in years last birthday) <u>32</u>		10. KIND OF BUSINESS OR INDUSTRY <u>United Lumber</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>	
13a. FATHER'S NAME <u>THOS. CHAPPELL</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIE MA PROBYN DMC</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>THOS. CHAPPELL</u>		ADDRESS <u>2414 ENTITY</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>acute glomerulonephritis + pulmonary edema</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
21a. ACCIDENT SUICIDE HOMICIDE <u>0</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>49</u> , to <u>1-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-4</u> , 19 <u>49</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John F. Saines M.D.</u>		23b. ADDRESS <u>St. Louis Co. Hosp.</u>	
23c. DATE SIGNED <u>1-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Springfield, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-6-49</u>		REGISTRAR'S SIGNATURE <u>Harold L. ... MD</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>St. Louis, Mo.</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Walter W. Dietere

Signed.....
Student Embalmer

Licensed Embalmer No.

4325

P. O. Address.....

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.