

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6879

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 00225

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston Clayton</b>		c. LENGTH OF STAY (in this place) <b>6</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellston</b>		d. STREET ADDRESS (If rural, give location) <b>6545 Easton Ave.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosie</b> b. (Middle) <b>Marie</b> c. (Last) <b>Chapman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>5-29-1947</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Days <b>7</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Noel Chapman</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Hopwood</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Noel Chapman 6545 Easton Ave.</b>			
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) <b>Meningococcus Meningitidis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>0570</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Thurid L. Linniger M.D.</b>		23b. ADDRESS Act. Commr. of Health <b>St. Louis County Health Dept.</b>		23c. DATE SIGNED <b>1-31-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hodge</b>	24d. LOCATION (City, town, or county) (State) <b>Crawford Mo</b>		
DATE REC'D BY LOCAL REG. <b>2-2-49</b>	REGISTRAR'S SIGNATURE <b>Thurid L. Linniger</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles B. Long Bourbon Mo</b>		

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

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 \_\_\_\_\_

NORMAN C HOENEIR

Student Embalmer No. 445

working under my personal supervision.

Student Norman C Hoeneir  
Student Embalmer

Signed Elbert C. Long

Licensed Embalmer No. 3504

P. O. Address Barton, Mo

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.