

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25579**

FILED AUG 2 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4464</u>		Registrar's No. <u>1566</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis County</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland, Mo.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		d. STREET ADDRESS <u>2333 Gilrose</u>		e. (If rural, give location) <u>10</u>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Miss Ella</u>		b. (Middle) <u>Chapman</u>		c. (Last) <u>Chapman</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1949</u>	
7. SEX <u>F.</u>		8. COLOR OR RACE <u>W.</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S. I.</u>		10. DATE OF BIRTH <u>10-17-1868</u>	
11. AGE (In years last birthday) <u>81</u>		12. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		13. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		14. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13. FATHER'S NAME <u>Albert H. Chapman</u>			
14. MOTHER'S MAIDEN NAME <u>Mary Feltner</u>				15. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Gerlacke</u>			
18. ADDRESS <u>2333 Gilrose</u>		19. ADDRESS <u>2333 Gilrose</u>				20. ADDRESS <u>2333 Gilrose</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat Exhaustion</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Arthritis Deformans</u>			
				DUE TO (c) <u>Paralysis agitans</u>			
II. OTHER SIGNIFICANT CONDITIONS				CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				23. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
24. TIME OF INJURY (Month) (Day) (Year) (Hour)				25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
26. HOW DID INJURY OCCUR?				27. I hereby certify that I attended the deceased from <u>May 30</u> , 19 <u>48</u> , to <u>Nov 27</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Nov 27</u> , 19 <u>48</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.			
28. SIGNATURE (Degree or title) <u>Halter R Hewitt MD</u>				29. ADDRESS <u>7649 Delmar</u>			
30. DATE SIGNED <u>July 4/49</u>				31. DATE SIGNED <u>July 4/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-15-49</u>		REGISTRAR'S SIGNATURE <u>Halter R Hewitt MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Sons Inc.</u>		ADDRESS <u>6175 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

96  
13  
1

Dr Walter R Hewitt  
7649 Delmar De 5650  
7619 <sup>San Marcos</sup> Ca 3424  
Call back 1:30 Monday

Come To OFFICE - 1:30 P.M. - Mon.

WAIT IN SCHULTZE DAIRY-STORE IF NOT IN OFFICE  
7649 Delmar.

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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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jos. E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.