

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38586

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. **10147**

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY R 7 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 3 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) Louisiana | |
| 3. NAME OF DECEASED a. (First) Earl b. (Middle) Edward c. (Last) Chapman | | 4. DATE OF DEATH (Month) (Day) (Year) 11 24 49 | |
| 5. SEX male | 6. COLOR OR RACE negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH 1-2-38 |
| 9. AGE (In years last birthday) 11 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | 11. BIRTHPLACE (State or foreign country) Pike County, Mo | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME John Chapman | | 13b. MOTHER'S MAIDEN NAME Bertie Elder | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia from foreign body aspiration, left main bronchus INTERVAL BETWEEN ONSET AND DEATH 3 1/2 weeks ANTECEDENT CAUSES Aspiration, left main bronchus DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 182 | |
| 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? Hit | |
| 22. I hereby certify that I attended the deceased from 11-21 , 19 49 , to 11-24 , 19 49 , that I last saw the deceased alive on 11-24 , 19 49 , and that death occurred at 7:10 p. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Robert B. Forbes | | 23b. ADDRESS | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 11-25-48 | 24c. NAME OF CEMETERY OR CREMATORY Mount Zion | 24d. LOCATION (City, town, or county) (State) Pike Co. Mo. |
| DATE REC'D BY LOCAL REG. NOV 25 1949 | REGISTRAR'S SIGNATURE J. B. Farante | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Howe Routhal Bawing then mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Kins

Licensed Embalmer No. 4597

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.