

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15365  
Registrar's No. 1043

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1043	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jeff. Barracks, Mo.		c. LENGTH OF STAY (in this place) 86 days		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN St. Louis 2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				d. STREET ADDRESS (If rural, give location) 1818 Papin Street 1			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W. c. (Last) CHAPMAN			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1950				
5. SEX M	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 2-22-87	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR 1	11. UNDER 1 MRS. Hours   Min. 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician & barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Orleans, Louisiana /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Chapman		13b. MOTHER'S MAIDEN NAME Julia Toliver		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) Yes WWI		16. SOCIAL SECURITY NO. 491 12 8569		17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO-PNEUMONIA  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF ESOPHAGUS  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 150X		20. AUTOPSY? YES <input checked="" 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)		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 1-24, 1950, to 4-19, 1950, and that death occurred at 2:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE E. Starnel, M.D. CHIEF, PROFESSIONAL SERVICES				23b. ADDRESS V.A. HOSPITAL, JEFFERSON BARRACKS		23c. DATE SIGNED 4-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 25, 1950	24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI		
DATE REC'D BY LOCAL REG. 4-22-50		REGISTRAR'S SIGNATURE Herbert R. Douglas			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WARR DLE FUNERAL HOME, 3133 Bell, St. Louis, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

10-48

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
*J. J. Shaton*

Signed.....

Student Embalmer

.....  
Licensed Embalmer No. *2698*

.....  
R. O. Address *2769 Charlotte*

**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.