

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21843

State File No.

No. 300 FILED JUL 9 1952

10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5882

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>1030 HAMILTON</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARVEY</u>	b. (Middle)	c. (Last) <u>CHAPMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 22, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>2</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>ABT. 57</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHIPPING CLK.-NEW ERA SHIRT CO.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>VANDALIA, ILL.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>ASAHEL CHAPMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY NEWCOMER</u>	14. NAME OF HUSBAND OR WIFE <u>LATE ADELE CHAPMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-05-387X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JUNE LAUFER</u>	ADDRESS <u>6739 ARTHUR AV.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renia</u>	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>52-54</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		<u>100</u>
	DUE TO (b) <u>Arteriosclerotic nephrosclerosis and</u>		
	DUE TO (c) <u>Pneumococcal lobar pneumonia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>446X</u>

22. I hereby certify that I attended the deceased from 6-18-52, 1952, to 6-22-52, 1952, that I last saw the deceased alive on 6-22-52, 1952, and that death occurred at 6:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Andrew Hahn M.D.</u>	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>6-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUN. 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILLS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 24 1952</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>	ADDRESS <u>4428 SKINGSHIGH-WAY</u>
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mTB (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 Richard W. Stovesan

Licensed Embalmer No. 4007

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.