

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15556

State File No. 3964

FILED MAY 15 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i> c. LENGTH OF STAY (in this place) <i>7 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Normandy 4171</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo Pacific Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>938 Country Club Dr</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Boyd</i> c. (Last) <i>Chapman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>4-15-53</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 20 1882</i>
9. AGE (In years last birthday) <i>70</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Scotland</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>4</i>

13a. FATHER'S NAME <i>William Boyd</i>	13b. MOTHER'S MAIDEN NAME <i>Therese Krawiec</i>	14. NAME OF HUSBAND OR WIFE <i>Richard A Chapman</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Richard B Chapman</i> ADDRESS <i>938 Country Club Dr</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Hypertensive heart disease</i>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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.)	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? <i>4201</i>
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22. I hereby certify that I attended the deceased from *4/8*, 1953, to *4/15*, 1953, that I last saw the deceased alive on *4/15*, 1953, and that death occurred at *6 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Lee P. Harrison, M.D.</i> (Degree or title)	23b. ADDRESS <i>Mo-Pac Hosp. St Louis</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>4-17-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo</i>
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DATE REC'D BY LOCAL REG. <i>APR 16 1953</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Archie Hessel, 1905 Union</i>	ADDRESS
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3. (Licensed Embalmer's Statement on Reverse Side)

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

S. No. 303
v. 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 Harren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. 2594

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.