

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6020**

FILED MAR 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1430**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 4302 Page Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp.		2119	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) c. (Last) Chapman		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 15, 1906
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid	11. BIRTHPLACE (City and State or Foreign Country) Peoria, Mississippi
10b. KIND OF BUSINESS OR INDUSTRY Pvt. Family		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bl. Honey		13b. MOTHER'S MAIDEN NAME Laverne Stevenson	
13c. NAME OF HUSBAND OR WIFE George Chapman		14. NAME OF HUSBAND OR WIFE George Chapman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Aloise Shelton		ADDRESS 4646 N. Market	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral stenosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? 410X	
22. I hereby certify that I attended the deceased from Feb 7th, 1954, to Feb 9th, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 6:35 A.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>J.W. Wickerson</i>		23b. ADDRESS 4141 Page Blvd	
23c. DATE SIGNED 2-11-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/16/1954	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. FEB 15 1954		REGISTRAR'S SIGNATURE <i>Charles J. Gates</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles J. Gates</i>		ADDRESS 4107 Finney Ave.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

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.