

FILED MAR 28 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 10535

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2248	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN 4394 Overland 14		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) 2139 North Warson Road			
3. NAME OF DECEASED (Type or Print) a. (First) Andrew			b. (Middle) Michael		c. (Last) Chapey		4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23, 1896		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Kregel Casket Co		11. BIRTHPLACE (City and State or Foreign Country) Greece		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chapey			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND/OR WIFE Maribell Chapey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maribell Chapey 2139-N-Warson Rd.			
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) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 hrs.  8 Yes.	
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) _____		420.11	
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 March 1, 1954, to Feb 29, 1956, that I last saw the deceased alive on Feb 28, 1956, and that death occurred at 11:37 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 2101 S 573 Woodson		23c. DATE SIGNED March 2nd	
24a. BURIAL (CREMATION, REMOVAL) (Specify) Removal		24b. DATE 3-3-1956	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery		24d. LOCATION (City, town, or county) (State) Pattonville, Mo.		
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE J Carl Smith - MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2504 Baumann Rd Overland 14 - Mo.			

uam (Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed.....  
*David C. Gu*

Licensed Embalmer No. *34*

P. O. Address *Overl*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.