

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42832
STATE FILE NUMBER 11513

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		Length of stay in 1b	d. STREET ADDRESS 1257 1/2
			(If outside, give location) 1231 Olive St.
3. NAME OF DECEASED (Type or print) JOHN CHAPLINE		4. DATE OF DEATH Month DECEMBER Day 12 Year 1956	
5. SEX C Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger		9b. KIND OF BUSINESS OR INDUSTRY Retired	9c. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger		10b. KIND OF BUSINESS OR INDUSTRY Retired	10c. BIRTHPLACE (City and state or country) Richmond, Indiana
11. BIRTHPLACE (City and state or country) Richmond, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Chaplaine		14. MOTHER'S MAIDEN NAME Estelle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-14-7303A	
17. INFORMANT Tom Brady, Civil Courts Bldg.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DERILITATION - CARCINOID OF COLON DUE TO (c) COLONIC POLYPS -			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/28/56 to 12/12/56 and last saw her/him alive on 12/12/56 Death occurred at 10:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George D. Robertson MD		22b. ADDRESS 1515 LAFAYETTE AVE.	
		22c. DATE SIGNED 12/13/56.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-17-1956	
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Co., Missouri	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 LAFAYETTE		25. DATE RECD. BY LOCAL REG. DEC 15 1956	
		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

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 *L.P. Cooper*

Licensed Embalmer No. *36*

P. O. Address *2317*

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.