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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

428334

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11870

STATE FILE NUMBER

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS 2199e 4327 Olive St	
3. NAME OF DECEASED (Type or print) First Middle Last Virginia Chapman		4. DATE OF DEATH Month Day Year Dec 24 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unk
9. AGE (In years last birthday) 27		10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Devil Springs Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Homer Tyree	
14. MOTHER'S MAIDEN NAME Emily Wattley		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. Unknown		17. INFORMANT Homer Tyree Devil Springs Ala	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u> DUE TO (b) <u>Cirrhosis of the Liver</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year 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 _____ to _____ and last saw her alive on _____ Death occurred at 1:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James M Kelly</u>		22b. ADDRESS 1300 Blank	
22c. DATE SIGNED 12-26-56		23. NAME OF CEMETERY OR CREMATORY Mt Ebron	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-25-56	
23c. LOCATION (City, town, or county) Devil Springs Alabama		23d. LOCATION (State) Alabama	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington		25. DATE RECD. BY LOCAL REG. DEC 26 1956	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> mbs			

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1963

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..... *G. W. Wilkins*

Licensed Embalmer No... *35*

P. O. Address..... *A. L.*

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.