

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26996**
Registrar's No. **1602**

XC 4266365
REG #119009 FILED JUL 17 1957
BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **590**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFFERSON BARRACKS		c. LENGTH OF STAY (in this place) 609 DAYS	c. CITY OR TOWN EAST ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS 1731 OHIO		812 S	

3. NAME OF DECEASED (Type or Print) a. (First) LEE	b. (Middle)	c. (Last) CHAPMAN	4. DATE OF DEATH (Month) (Day) (Year) 6-21-57
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-22-08
9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 4 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) KENNETT, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN CHAPMAN	13b. MOTHER'S MAIDEN NAME ALICE LONG	14. NAME OF HUSBAND OR WIFE ANNABELLE CHAPMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. 348053801	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS., MO.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute hemorrhagic pancreatitis		INTERVAL BETWEEN ONSET AND DEATH unknown
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 5870
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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?
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22. ~~Physician~~ attended the deceased from **10-19-55**, 19____, to **6-21-57**, 19____, that I last saw the deceased ~~on~~ and that death occurred at **11:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry A. Claman (Degree or title) MD	23b. ADDRESS 915 N Grand St. Louis	23c. DATE SIGNED 6-22-57
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24a. BURIAL, CREMATION, TOMB REMOVAL (Specify) Removal	24b. DATE June 25 1957	24c. NAME OF CEMETERY OR CREMATORY Lake View Mem. Gardens	24d. LOCATION (City, town, or county) (State) Belleville, Ill
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DATE REC'D BY LOCAL REG. 6-24-57	REGISTRAR'S SIGNATURE Herbert R. Dunkel	25. FUNERAL DIRECTOR'S SIGNATURE Chas M. Busch	ADDRESS East St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Chas M. Burk*

Licensed Embalmer No... 2421

P. O. Address East St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.