

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38692

STATE FILE NUMBER  
Registrar's No. 2630

Registration District No. 317 Primary Registration District No. 500

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chesterfield, Mo.</b>		c. CITY OR TOWN <b>Chesterfield</b> <b>4000</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. # 1 Chesterfield, Mo. YEARS</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Melvina</b> Last <b>Chapman</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>23</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 23, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Beaufort, Missouri.</b>
13a. FATHER'S NAME <b>Joseph Adams</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Adams</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence G. Chapman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>MI.</b>	17. INFORMANT <b>Blanche Giebler, Chesterfield, Missouri.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 Hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			<b>7 YEARS</b>
DUE TO (c) <b>4000</b>			
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 checked="" 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 <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 <b>10-21-57</b> to <b>10-23-57</b> and last saw <sup>(HR)</sup> alive on <b>10-21-57</b> Death occurred at <b>3:40</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Delia Blauwieser, M.D.</b>		22b. ADDRESS <b>Burlison, Mo.</b>	
22c. DATE SIGNED <b>10-23-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-23-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Delhi Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Crawford County, Mo.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington, Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>10-23-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donkemo</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis, Missouri	Chesterfield	X	St. Louis, Missouri	Chesterfield, Mo.	X
Oct. 23, 1897	Chapman	Melvin	Mary	St. Louis, Missouri	X
March 2, 1872	88	X	Female	White	
U.S.A.	Beaufort, Missouri	At Home	Housewife		
Clarence G. Chapman		Lucy Adams	Joseph Adams		
Blanche Giedler, Chesterfield, Missouri		None	Wife	None	

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 *Robert M. Murray* .....

Licensed Embalmer No. *3749* .....  
P. O. Address *St. Louis, Mo.* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Albert H. Hoppe, 1500 Washington St., St. Louis, Mo.