

Health, Welfare, Public Service

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SL16296

STANDARD CERTIFICATE OF DEATH

58-011457
STATE FILE NUMBER

FILED APR 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3596

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO.		c. CITY OR TOWN ALTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 32 531 MONROE EAST	
3. NAME OF DECEASED (Type or print) First Middle Last HOWARD G CHAPMAN		4. DATE OF DEATH Month Day Year 3-28-58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-21-13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) CARROLTON, ILLINOIS
13a. FATHER'S NAME FREDERICK L. CHAPMAN		13b. MOTHER'S MAIDEN NAME INA NEWMAN	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 327073411	17. INFORMANT Address VAH RECCRDS 985 N. GRAND ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CIRCULATORY FAILURE DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 450.0			INTERVAL BETWEEN ONSET AND DEATH 1 day 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC ALCHOLISM			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 <input type="checkbox"/> NOT WHILE WORKING <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 3/25/58, to 3/28/58 and last saw him alive on 3/28/58 Death occurred at 2:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. P. RAYNES, M.D.		22b. ADDRESS M.D. VAH ST. LOUIS, MISSOURI	22c. DATE SIGNED 3/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-29-58	23c. NAME OF CEMETERY OR CREMATORY Local Cemetery	23d. LOCATION (City, town, or county) (State) Alton, Illinois.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAR 29 '58	26. REGISTRAR'S SIGNATURE Earl Smith MD m 2/3.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John Schenck*

Licensed Embalmer No. *4194*

P. O. Address *St. Louis*

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.