Doctor, coroner, etc. must use only standard nomenclature in Part 1a. No symptoms will be listed. All diseases in Part I. must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1958

58-011458
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2731

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: 4862a Page Blvd. — Length of stay in Ib: 0/ — 2/6

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4862a Page Blvd. — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: William — Middle: — Last: Chapman

**4. DATE OF DEATH**: Month 3 — Day 5 — Year 1958

**5. SEX**: Male

**6. COLOR OR RACE**: Negro

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: 4 June 1904

**9. AGE** (In years last birthday): 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Porter

**10b. KIND OF BUSINESS OR INDUSTRY**: Bardahl Oil Co.

**11. BIRTHPLACE** (City and state or country): Laurel, Mississippi

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: Jim Chapman

**14. MOTHER'S MAIDEN NAME**: unknown

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 343-12-6100

**17. INFORMANT**: Mrs. Dorothy Chapman — Address: 4862a Page Blvd.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis
DUE TO (c): 420.1

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 ☒ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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. — Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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/him alive on _____
Death occurred at 7:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): James M Kelly Deputy Coroner — **22b. ADDRESS**: 1300 Clark — **22c. DATE SIGNED**: 3-3-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal — **23b. DATE**: March 10, 1958 — **23c. NAME OF CEMETERY OR CREMATORY**: Greenwood Cemetery — **23d. LOCATION** (City, town, or county): St. Louis County, (State) Mo.

**24. FUNERAL DIRECTOR**: Atkins Bros. — ADDRESS: 3644 Finney Ave.

**25. DATE RECD. BY LOCAL REG.**: MAR 7 '58

**26. REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Heilbrand

Licensed Embalmer No 42

P. O. Address 3100 Ea

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.