

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045505

STATE FILE NUMBER

11795

FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

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 <i>St. Louis, Mo.</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>3959 Wilmington</i>	
Length of stay in lb <i>7 days</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Mollie T. Chapman</i>			4. DATE OF DEATH Month Day Year <i>12-5-58</i>
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-2-1876</i>
9. AGE (In years last birthday) <i>82</i>		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) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Kept House</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Conrad Schmidt</i>	
13b. MOTHER'S MAIDEN NAME <i>Katherine Schmidt</i>		14. NAME OF HUSBAND OR WIFE <i>John F. Chapman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT Address <i>Hazel Chapman 3959 Wilmington</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CEREBRAL HEMORRHAGE</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 DAYS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>ARTERIOSCLEROTIC HEART DISEASE</i>			<i>4 years</i>
DUE TO (c) <i>DIABETES MELLITUS</i>			<i>4 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>260X</i>			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>11/29/58</i> to <i>12/5/58</i> and last saw her alive on <i>12/5/58</i> Death occurred at <i>6 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>George A. Dawson MD</i>		22b. ADDRESS <i>5203 Chippewa</i>	
22c. DATE SIGNED <i>12/6/58</i>			
23a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-9-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>	
24. FUNERAL DIRECTOR <i>Weick Bros</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 8 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

5-203 (1st) 11-31-21

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.