URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009362
STATE FILE NUMBER

FILED MAR 3 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 608

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lemay — Length of stay in 1b: YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3666 Weber — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ST LOUIS
c. CITY OR TOWN: Lemay — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3666 Weber Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Audrey Middle: M. (Anna) Last: Chapman
4. DATE OF DEATH: Month: Feb. Day: 20 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr. 2, 1923
9. AGE (last birthday): 36 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Welholter
13b. MOTHER'S MAIDEN NAME: Agnes Geers
14. NAME OF HUSBAND OR WIFE: John Chapman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~No~~ Yes (If yes, give war or dates of service): 2/5/44 to 12/2/45
16. SOCIAL SECURITY NO.: 498-18-9314
17. INFORMANT: John Chapman Address: 3666 Weber Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	UREMIA	10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	BILATERAL URETERAL OBSTRUCTION	4 MONTHS
DUE TO (c)	CARCINOMA OF CERVIX	8 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 SEPTEMBER 21, 1959, to FEBRUARY 20, 1960 and last saw her alive on FEBRUARY 17, 1960
Death occurred at 4:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank J. Valach (Degree or title) M.D.
22b. ADDRESS: 1617 S Brentwood Blvd.
22c. DATE SIGNED: Feb 22, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR: Schumacher's ADDRESS: 3013 Meramec St.
25. DATE RECD. BY LOCAL REG.: 2-23-60
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Informant DOCUMENT

FRANK VALACH
1617 BRENTWOOD

APR 7 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Laupt

Licensed Embalmer No. 474

P. O. Address St Louis

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