

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

=60-016689

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 3865**

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 ST. LOUIS		Length of stay in 1b 10 MONTHS	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HAMILTON CONV. HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6488 MURDOCH	
3. NAME OF DECEASED (Type or print) First Middle Last LAURA NICHOLS CHAPPELL			4. DATE OF DEATH Month Day Year APRIL 6, 1960		
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1862	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY OSTEOPATHIC PHYSICIAN		11. BIRTHPLACE (City and state or country) COVINGTON, KENTUCKY	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME (FIRST UNKNOWN) NICHOLS		13b. MOTHER'S MAIDEN NAME (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE WALTER G. CHAPPELL (DEC.)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. CHRISTINE CHAPPELL, 6488 MURDOCH		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Cardiac failure Coronary infarct Multiple emboli PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sensitivity 4201		INTERVAL BETWEEN ONSET AND DEATH 12 hrs One yr.	
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.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <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 Jan. 1950 to 4/6/60 and last saw her/him alive on 4/5/60 . Death occurred at 5:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul McRae, MD (Degree or title)		22b. ADDRESS 4407 S. Kingshighway		22c. DATE SIGNED 4/6/60 (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/8/1960	23c. NAME OF CEMETERY OR CREMATORY WILLIAMSTOWN CEMETERY		23d. LOCATION (City, town, or county) WILLIAMSTOWN, MISSOURI	
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET, ST. LOUIS, MO.		25. DATE RECD. BY LOCAL REG. APR 7 1960		26. REGISTRAR'S SIGNATURE Roan Smith, M.D. <i>m j c</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr Mc Roe
4407 S. Kingshighway

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 L. C. Branson

Licensed Embalmer No. 4764

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.