URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

-60-028031
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 302

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Francois Township
Length of stay in 1b 2Y;9M;10das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY City of St.Louis
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 4743 Bonita (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First RUSSELL Middle ALBERT Last CHAPMAN
4. DATE OF DEATH Month July Day 22, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced XX
8. DATE OF BIRTH Feb.18,1899
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months 5 Days 4
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodial work and plumbing.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Harry B. Chapman
13b. MOTHER'S MAIDEN NAME Mayme E. Myers
14. NAME OF HUSBAND OR WIFE Lou Connor (3rd.wife).
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 493-20-1746
17. INFORMANT Address Records, State Hospital No.4,Farmington,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage - - - - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH 4 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease - - - - - - — Unknown.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Sociopathic personality disturbance, alcoholism (addiction)
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 July 18, 1960, to July 22, 1960 and last saw him alive on July 22,1960
Death occurred at 2:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) John A. Brennan M.D.
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 7-27-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7-25-60
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., ADDRESS St. Louis, Mo. 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. July 27, 1960
26. REGISTRAR'S SIGNATURE Esther Rudolff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

AUG 4 1960

AUG 4 1960
AUG 29 1960

SEP 21 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_____ Signed O H Cozean
Signature of Student Embalmer

Licensed Embalmer No. 408

P. O. Address Farmington

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