RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039616

FILED VS NOV 1 0 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10677

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1620a S. Compton Ave. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle EUGENE Last CHIAPEL

4. DATE OF DEATH Month Nov. Day 3 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-5-1883

9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman(Retired)Pullman Company

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Greece

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Matheos Chiapel

13b. MOTHER'S MAIDEN NAME Panagiota Unknown

14. NAME OF HUSBAND OR WIFE Frieda Chiapel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT Address Frieda Chiapel 1620a S. Compton Ave

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) Arteriosclerotic Heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

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

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.) None

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None

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 1935, to Nov. 3 1960 and last saw him alive on Nov. 2d 1960

Death occurred at 1:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. Mayer [signature]

22b. ADDRESS 3606 Gravois

22c. DATE SIGNED 11-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 5, 1960

23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG. NOV 4 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. N. Stavesand

Signature of Student Embalmer

Licensed Embalmer No. 400

P. O. Address_____

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