

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4194

STATE FILE NUMBER

FILED MAY 10 1961

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>ST. Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3806 FLORA</u>
3. NAME OF DECEASED (Type or print) First <u>Addie</u> Middle <u>L.</u> Last <u>CHAPPELL</u>		4. DATE OF DEATH Month <u>5</u> Day <u>1</u> Year <u>61</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-2-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (last birthday) <u>87 yrs</u>
11. BIRTHPLACE (City and state or country) <u>Jersey County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Briggs</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HARRIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs M. Schroeder</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph</u>		Address <u>La Louis Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Encephalomalacia</u> Conditions, if any, which gave rise to above cause (b) <u>Cerebral Arteriosclerosis</u> Starting and underlying cause last (c) <u>332XF</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured Hip</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell at Lutheran Convalescent Home</u>	
20c. TIME OF INJURY Hour <u>1:15</u> am. <u>p.m.</u> Month, Day, Year <u>4-26-1961</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lutheran Convalescent Home</u>		20f. CITY, TOWN, OR LOCATION <u>4359 Taft, St. Louis, Mo.</u>	
21. I attended the deceased from <u>12/27/57</u> to <u>5/1/61</u> and last saw her alive on <u>5/1/61</u>		Death occurred at <u>4:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Frede Mortensen, M.D.</u>		22b. ADDRESS <u>3701 Chandel Sq</u>	
22c. DATE SIGNED <u>5/2/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-2-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Jerseyville, Ill.</u>
24. FUNERAL DIRECTOR <u>JACOBY BROS.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 2 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Joan Smith, M.D.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 Frank Prohaff

Licensed Embalmer No. 4356

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.