

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036021

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8595** STATE FILE NUMBER

FILED SEP 17 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Illinois b. COUNTY St. Clair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hospital, Inc.		d. STREET ADDRESS (If outside, give location) 203 S. 2nd St.	
3. NAME OF DECEASED (Type or print) First Middle Last Frank - Chaplain		4. DATE OF DEATH Month Day Year September 4 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.
13a. FATHER'S NAME Frank Chaplain		14. NAME OF HUSBAND OR WIFE Ada Chaplain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes W. W. #1		17. INFORMANT Address Eugene Chaplain Dupo, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia			INTERVAL BETWEEN ONSET AND DEATH 6/24/62
DUE TO (b) Cerebral Thrombosis			6/24/62
DUE TO (c) Arteriosclerosis (Quadriplegia)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 June 24, 1962 to Sept. 4, 1962 and last saw him live on Sept. 4, 1962 Death occurred at 2:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David E. East MD		22b. ADDRESS 1755 S. Grand Blvd.	
22c. DATE SIGNED 9-5-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-7-1962	23c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	23d. LOCATION (City, town, or county) (State) Bellville, Ill.
24. FUNERAL DIRECTOR ADDRESS Brichler Funeral Home, E. St. Louis, Ill.		DATE RECD. BY REG. SEP 6 1962	REGISTRAR'S SIGNATURE Moan Smith, M.D.

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 Eugene Choplain

Licensed Embalmer No. 5003

P. O. Address Dupo, Ill.

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.