No. 2
4-18-40
-17-39
X23159

FILED JAN 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40180

Registration District No. 7617 Primary Registration District No. 1003 Registrar's No. 9951

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: 1
(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 das (Specify whether years, months or days)
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County: 0
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 22
(d) Street No. 2644 Papin Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: William Chappell
3. (b) If veteran, name war: Unk
3. (c) Social Security No.: Unk
4. Sex: Male
5. Color or race: C
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Unk
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Unknown (Month) (Day) 1861 (Year)
8. AGE: Years: Abt 79 Months: Days: If less than one day ____ hr. ____ min.
9. Birthplace: (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Nil
11. Industry or business: 1
FATHER 12. Name: Morgan Chappell
FATHER 13. Birthplace: (City, town, or county) W Va (State or foreign country) 1
MOTHER 14. Maiden name: Cheney Green
MOTHER 15. Birthplace: (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Florence A Spotts
(b) Address: 2601 N Whittier
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 11 30 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington
18. (a) Signature of funeral director: W. Rathke
(b) Address: 3520 Cherry
19. (a) DEC 4 1940 (Date received local registrar) (b) L. H. Bardach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1940 hour 9:40 minute A M.
21. I hereby certify that I attended the deceased from October 30, 1940 to November 24, 1940, that I last saw him alive on November 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	72hrs
Bilateral Inguinal Hernia	40 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: As above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature: H. A. McDowell (M.D. or other)
Address: 2601 N Whittier Date signed 11-27-40

(Licensed Embalmer's Statement on Reverse Side)

629 48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.