

FILED APR 20 1942 791

State File No. 3293
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1310 Missouri ave
(If not in hospital or institution, write street number or location) No 1
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No 1310 Missouri Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES T. CHAPMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife Flora 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 10 1855 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 1 If less than one day hr. min.

9. Birthplace White Hall Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Twist Maker (Tobacco Co)

11. Industry or business Tobacco Company

MOTHER FATHER { 12. Name Brooks Chapman 13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Dunham (b) Address New Salem Illinois

17. (a) Removal (b) Date thereof April 13-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director P.W. McLaughlin (b) Address 2301 Lafayette

19. (a) APR 13 1942 (b) J. J. Probeck Registrar's signature (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11 year 1942 hour 2 minute 3 A.M.

21. I hereby certify that I attended the deceased from 4-8 1942 to 4-10 1942 that I last saw him alive on 4-10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage
Due to esophageal ptic varices? 4 days
Ca. of stomach?

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. F. Roufa (M. D. or other) MD
Address 5669 Delmar Date signed 4-11-42

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

05
17
9

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 *L. R. Casper*
Licensed Embalmer No. *2633*
P. O. Address *2317 Lafayette*

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