

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12489

State File No. _____
Registrar's No. 3910

Registration District No. 91

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7212 Westmoreland Dr.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie Vivian Chapman

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Eliot Chapman
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 1, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Steed

13. Birthplace Manchester, England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rebecca Keys

15. Birthplace Frankfort, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. Eliot Chapman

(b) Address 7212 Westmoreland Drive

17. (a) Burial (b) Date thereof 5/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) MA (b) J. J. Budek
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 9 1942 to April 30 1942.

that I last saw her alive on April 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Raymond (M. D. or other) md

Address 812 Olive Street Date signed 5/7/42

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

MOTHER FATHER

MAY 3 1942

(Licensed Embalmer's Statement on Reverse Side)

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. 1991

P. O. Address. Saint Louis

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.