

FILED NOV 1 1943

Registration District No.

Primary Registration District No.

1002

Registrar's No.

9305

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2323 St. Louis Avenue.
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 920
(d) Street No. 2323 St. Louis Avenue.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Jane Chapman

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife Christopher C. Chapman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 5 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Crawford County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name David Hamby 13. Birthplace Unavailable Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lubinda Puckett 15. Birthplace Unavailable Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Chapman

(b) Address 2323 St. Louis Avenue.

17. (a) Burial (b) Date thereof 10/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anutt, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.
19. (a) OCT 22 1943 J. F. Braddock
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1943 to Oct 22, 1943
that I last saw her alive on Oct 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration _____

Due to _____

Due to _____

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. Braddock (M. D. or other) _____

Address 4527 Washington Date signed Oct 22 43

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

MOTHER FATHER

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.....

E. W. Wilkinson

Licensed Embalmer No..... *3570*

P. O. Address.....

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.