

FILED DEC 22 1943

318

Primary Registration District No. 1003

Registrar's No. 10781

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 hrs
(Specify whether)
 In this community 30 hrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County
 (c) City or town Terre Haute
(If outside city or town limits, write "RURAL")
 (d) Street No. 2522 Krumphaar
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Edward Chatman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cola 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased October 27 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 9 If less than one day
hr. min.

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

12. Name James Chatman
 13. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Frankie Swan
 15. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Cola Chatman
 (b) Address 2522 Krumphaar-Terre Haute Ind

17. (a) Burial (b) Date thereof 12-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Creer-Crow Funeral Home

(b) Address Poplar Bluff Mo

19. (a) DEC 6 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
 year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 5 1943 to December 6 1943
 that I last saw him alive on December 6 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration

Due to Cardiac Failure
Arteriosclerotic Heart Disease

Due to Bronchiectasis

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)
 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) (e) Means of injury

23. Signature F. R. Bradley (M. D. or other) P
 Address BARNES HOSPITAL Date signed 12/6/43

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

MOTHER FATHER

Embalmer separate Cert to be filed

DEC 6 1943

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 with the above constitutes grounds for revocation of license.)

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