

FILED JAN 21 1946
318

State File No. _____
0001
Registrar's No. 1003

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5154 Lexington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5154 Lexington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EZRA CHAPMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. 122

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Hughes 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 27, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 4 If less than one day hr. _____ min. 86

9. Birthplace Norris City, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Police Sergeant

MOTHER FATHER

12. Name John Chapman

13. Birthplace Norris City, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Ella Jane Spence

15. Birthplace Norris City, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ellsworth Chapman

(b) Address 5154 Lexington

17. (a) burial (b) Date thereof 1-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar St., St. Louis, Mo.

19. (a) Jan 2 1946 J. F. Bredenk
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1946 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage due to Gunshot wound of
head
due to Jan. 1, 1946 explosion
unknown

Due to _____

Due to _____

Other conditions None
(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) gunshot

(b) Date of occurrence Jan 12 1946

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes

While at work? _____ (Specify type of place)

Means of injury in cloud

23. Signature W. H. Perry (M. D. or other)

Address 10000 Date signed 1/2/46

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

2386

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 Thomas P. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.