

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X3657

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **10950**  
Registrar's No. **2991**

FILED APR 29 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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 28 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid **72**  
(c) City or town New Madrid **4**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **NR 0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hulet Watson Chapel  
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 26 1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 29<sup>th</sup>  
year 1946 hour 2 minute 15 A. M.  
21. I hereby certify that I attended the deceased from March 1 1946, to March 29<sup>th</sup> 1946,  
that I last saw him alive on March 29<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
46 9 3 hr. \_\_\_\_\_ min.

Immediate cause of death Bronchogenic Carcinoma  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace New Madrid Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Taxi Cab Driver

11. Industry or business \_\_\_\_\_  
12. Name Ace Chapel  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nora Swan  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtel Waters  
(b) Address New Madrid, Mo.  
17. (a) Burial (b) Date thereof 3-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Madrid, Mo.  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) MAR 29 1946 (b) J. H. Braddock  
(Date received by Registrar) (Registrar's signature)

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 FR Bradley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital, Date signed 3/29/46

844 (Licensed Embalmer's Statement on Reverse Side)

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

9912

MAY 10 1946

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**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..... *Elmer R. Cadwell* .....

..... Licensed Embalmer No. *4077* .....

..... 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.**