S. No. 2
DM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1946

State File No. 17886

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 1135

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Co. Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Jennings (If outside city or town limits, write "RURAL")
(d) Street No. 5309 Janet Avenue (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN CHAPMAN, SR.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Hazel Downs
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 12 (Month) 4 (Day) 1898 (Year)
8. AGE: Years 54 Months 5 Days 18 If less than one day hr. min.
9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed - ill health
11. Industry or business
FATHER 12. Name John Chapman
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lettie Wilcox
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Hazel Chapman (wife)
(b) Address Same as above
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) 5-25-46 (Date received local registrar) (b) E.S. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 18, 1946, to May 22, 1946; that I last saw him alive on May 22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage or thrombosis	
Due to	
Due to	
Other conditions Hypertension (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature O. Smith (M. D.)
Address 601 Brentwood, Clayton Date signed 5-22-46

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1944

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.....John Ketter.....

Licensed Embalmer No.....3880.....

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.