

STANDARD CERTIFICATE OF DEATH
1003

FILED 31824
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 MOS
(Specify whether)

In this community 1 YR
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3827 Windsor 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Ruth Chapman

3. (b) If veteran, name war _____

3. (c) Social Security No. XXXX

4. Sex Female

5. Color or race Negro

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 Aug - 10th 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1946 hour 9 minute 20 A M.

21. I hereby certify that I attended the deceased from April 15, 1946, to Sept. 14, 1946
that I last saw her alive on Sept. 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with metastasis Undet.
Duration

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>1</u>	<u>4</u>	hr. min.

Due to _____

Due to _____ 48^a

Other conditions None
(Include pregnancy within 3 months of death)

MOTHER FATHER

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

10. Usual occupation Domestic

11. Industry or business At Home

12. Name Wollie Chapman

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

14. Maiden name Unknown

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

16. (a) Informant Roy Chapman

(b) Address 3827 Windsor Pl -

17. (a) Shipping (b) Date thereof 9-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batesville Miss

18. (a) Signature of funeral director ATKINS Bros

(b) Address 3644 Finney Ave

19. (a) _____ (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy No

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 C. H. Haverstick (M. D. or other) _____

Address 2601 N Whittier Date signed 9/16/46

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.....

Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Finley

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.