

S. No. 2
 —12-45
 . 5-17-39
 P 1 X47070

FILED FEB 24 1947

Registration District No. _____ Primary Registration District No. **1003**

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

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:
3024 Fair Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Malzenia Julia Chapie
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Alexander Chapie
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 13, 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	9	4	hr. min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____
 12. Name John Paint
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Walls
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Chapie
 (b) Address 3024 Fair Ave.
 17. (a) Burial (b) Date thereof 2-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd
FEB 18 1947
 (Date received local registrar)
 (c) Signature J. J. Pedersen
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3024 Fair Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 17th
 year 1947 hour 12 minute 15.A.M.
 21. I hereby certify that I attended the deceased from FEB 15, 1947, to FEB 17, 1947;
 that I last saw him alive on FEB 16, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
 Due to _____
 Due to _____
 Other conditions Chronic Arteriosclerosis
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy no

Duration
 ?
 ?
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) no
 (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? _____ (c) Means of injury _____
 23. Signature Arthur J. Donnelly (M. D. or other) _____
 Address 238-9 LINDELL TRUST BLDG. Date signed _____

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.