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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25398

Registrar's No. 7448

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

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No. 2607 Walnut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Chappell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Joseph Chappell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1883? (Month) (Day) (Year)

8. AGE: Years About 64 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Jerry Wilford
13. Birthplace Cadiz, Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Manning
(b) Address 1010 Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) AUG 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1947 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 30, 1947 to Aug. 4, 1947 that I last saw her alive on Aug. 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Psychosis; Cardio-vascular Accident	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 H. J. Carver (M. D. or other)
Address 2601 N Whittier Date signed 8/4/47

(Licensed Embalmer's Statement on Reverse Side)

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. Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.