S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28927

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8074

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: Firmin Desloge Hospital
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: 999

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

(d) Street No. 0
(If rural, give location) 23

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

If yes, name country

3. (a) PRINT FULL NAME: Mary Chappell

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William Chappell

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: February (Month) 2 (Day) 1880 (Year)

8. AGE: Years 67 | Months 6 | Days 21 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Homer Hallock

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

14. Maiden name: Sarah Jane Tyler

15. Birthplace: Pinckneyville Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Richard Peak

(b) Address: 2149a Overlea

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-25-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Pinckneyville, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) AUG 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 19, 1947 to Aug. 23, 1947 that I last saw him alive on Aug. 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum	6 mos.
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death): Surgical shock —	2 hrs.

Major findings: Of operations: large annular carcinoma of rectum with metastases to sacral lymph nodes.

Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Charles F. Sherwin (M. D. or other)

Address: 3720 Washington Date signed: 8/25/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) CHARLES F SHERWIN

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.....J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.