

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 32400
Registrar's No. 8755

Registration District No. 818 Primary Registration District No.

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(c) Name of hospital or institution: Baptist HOSPITAL
(d) Length of stay: In hospital or institution 4 DAYS
In this community years, months or days

3. (a) PRINT FULL NAME THERESA CHAPMAN
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex FEMALE 5. Color or race white
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JESSE 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: OCTOBER 3 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 14
9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business REAL ESTATE BUSINESS
12. Name CHARLES E. DARK
13. Birthplace MO
14. Maiden name SARAH E. KELLY
15. Birthplace MO

16. (a) Informant STANLEY L. DARK
(b) Address 4416 S. GRAND
17. (a) BURIAL (b) Date thereof SEPT. 19, 1947
(c) Place: burial or cremation RESURRECTION CON.
18. (a) Signature of funeral director Thomas Kelly's Son
(b) Address 2906 GRAND OIS
19. (a) SEP 18 1947 (b) J. F. Diebeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County oae
(c) City or town ST. LOUIS 17
(d) Street No. 4416 S. GRAND 9
(e) Citizen of foreign country? 15 (If rural, give location) 0
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPT. day 17
year 1947 hour 6 minute 18 P.M.
21. I hereby certify that I attended the deceased from Sept 12, 1947, to Sept 17, 1947, that I last saw her alive on Sept 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 5 days
Due to sub diaphragmatic abscess 5 days
Due to rupture of kidney stone thru ureter 5 days
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations same
Of autopsy same

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?
(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 Wm. C. Macdonald (Dr. D. or other)
Address 537 N. Grand Date signed 9-15-47

MM

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..... *Harmer C. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Travis*

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.