No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113943

FILED APR 30-1948

Registration District No. 318 — Primary Registration District No. 11003 — Registrar's No. 3748

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5143 Raymond
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5143 Raymond
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Byrdie J. Chapline
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 W.
6. (b) Name of husband or wife Geo. G. Chapline
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Aug. (Month) 6 (Day) 1871 (Year)

8. AGE: Years 76 Months 8 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Henry W. Duffy
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Geo. P. Whitelaw
(b) Address 5291 Westminster
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar
19. (a) APR 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 1: minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to April 20 1948 that I last saw her alive on April 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	4 yrs
Due to: Arteriosclerosis	6 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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
Signature H. E. Jones (M. D. or other)
Address 4500 Olive St. Date signed April 20 48

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

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

Dr. W. E. Jones.
Lester Bld.
Rosedale 2866
Hours 2 - 4 30 PM

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.