S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41352

Primary Registration District No. 1003

Registrar's No. 11372

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 2 days (Specify whether years, months or days)
In this community

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. 14 N Garrison
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Chatman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband or wife Eugene Chatman

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 24 (Day) 1899 (Year)

8. AGE: Years 49 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Topeka (City, town, or county) Kan. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business At Home

FATHER
12. Name Columbus North
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Green
15. Birthplace Kan. (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Chapman
(b) Address 14a North Garrison Ave

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 12-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney ave

19. (a) DEC 30 1948 (Date received local registrar) (b) J B Shearer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1948 hour 3 minute xx P.M.

21. I hereby certify that I attended the deceased from Dec. 25, 1948 to Dec. 27, 1948 that I last saw her alive on Dec. 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage; Hypertensive Heart Disease

Due to

Due to

Other conditions Hypertensive Arterial Disease
(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)

(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 Oscar L Daniel (M. D. or other)
Address 2601 N Whittier Date signed 12/27/48

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.