.S. No. 300
Rev. 10.48

FILED JUN 27 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20873

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5052

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1227 Kraft Ave.,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1227 Kraft Ave.,

**3. NAME OF DECEASED** (Type or Print)
a. (First): PERCY
b. (Middle): WILLIAM
c. (Last): CHAPLIN

**4. DATE OF DEATH** (Month) (Day) (Year): June 9, 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 20, 1873.
**9. AGE** (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Shoe worker
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Lomdon, England
**12. CITIZEN OF WHAT COUNTRY?**: 4

**13a. FATHER'S NAME**: ? Chaplin
**13b. MOTHER'S MAIDEN NAME**: Don't Know
**14. NAME OF HUSBAND OR WIFE**: Sarah E. Chaplin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 488-07-0884
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Sarah E. Chaplin, 1227 Kraft Ave

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): apoplexy - 2/8/49
DUE TO (c): Hypertension

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death*: Arteriosclerosis

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): 83
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 334X

**22.** *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11.15 P.M. from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Wm. G. Ward M.D.
**23b. ADDRESS**: 1001a McCausland
**23c. DATE SIGNED**: 6-10-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 13/49.
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Mo.

**DATE REC'D BY LOCAL REG.**: JUN 10 1949
**REGISTRAR'S SIGNATURE**: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Jos. W. Clark, 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm. G. Woods
1001A McCausland
HI. 2600 1p2.30 P.M.

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clement J. McNeary

Signed.....
Student Embalmer

Licensed Embalmer No. 3732

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.