

FILED DEC 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. **38819**  
Registrar's No. **10247**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. LENGTH OF STAY (In this place) <b>1 YR</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>		4607
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2609 S GRAND MEMORIAL HOME</b>			d. STREET ADDRESS (If rural, give location) <b>34 McDONALD PL</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>ARTHUR</b> c. (Last) <b>CHAPIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 16 - 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV-29-1867</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FOOD</b>	11. BIRTHPLACE (State or foreign country) <b>HIGH HILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM CHAPIN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY JOHNSON</b>		14. NAME OF HUSBAND OR WIFE <b>VIRGINIA R CHAPIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>JACKSON ADAMS Webster Groves</b> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331-X</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 14, 1951</b> , to <b>Nov. 16, 1951</b> , that I last saw the deceased alive on <b>Nov. 16, 1951</b> , and that death occurred at <b>9:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Edward F. Kelly MD</b> (Degree or title)			23b. ADDRESS <b>3903 Olive St. St. Louis Mo</b>		23c. DATE SIGNED <b>11-17-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov-19-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>NOV 19 1951</b>	REGISTRAR'S SIGNATURE <b>Paul Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Aldrich</b> ADDRESS <b>Webster Groves</b>			

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Leslie Welch*

Licensed Embalmer No. ....

*4395*

P. O. Address.....

*Hyater Graves M*

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.