

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14126

FILED MAY 3- 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3506

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		4577						
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 500 Clark								
3. NAME OF DECEASED (Type or Print) a. (First) PENROSE b. (Middle) EMBREE c. (Last) CHAPMAN			4. DATE OF DEATH (Month) (Day) (Year) 4-13-1952									
5. SEX M D	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH 8-17-1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elec. Engineer			10b. KIND OF BUSINESS OR INDUSTRY Mechy. Elec. Wks		11. BIRTHPLACE (State or foreign country) St. Louis D		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Penrose Chapman			13b. MOTHER'S MAIDEN NAME Melinda Embree			14. NAME OF HUSBAND OR WIFE Mariette Chapman						
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. P. E. Chapman 500 Clark 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, abdominal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) <u>sigmoid</u>					INTERVAL BETWEEN ONSET AND DEATH 3 mos. 3 yrs?					
19a. DATE OF OPERATION 12/5/1950		19b. MAJOR FINDINGS OF OPERATION Abdomino-perineal resection of recto-sigmoid for carcinoma					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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X	
22. I hereby certify that I attended the deceased from <u>Feb 5</u> , 19 <u>52</u> , to <u>April 13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 13</u> , 19 <u>52</u> , and that death occurred at <u>9:45 a. m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>Donald Kieffer M.D.</u>				23b. ADDRESS 4500 Olive			23c. DATE SIGNED 4/14/1952					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-16-1952		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.						
DATE REC'D BY LOCAL REG. APR 15 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Parker</u>			ADDRESS <u>W. H. Home, Web Groves Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 1952

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 Webster Groves

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.