

FILED JUL 2 1956

STANDARD CERTIFICATE OF DEATH

State File No. 22322

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 547 Registrar's No. 1443

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY OR TOWN Richmond Heights	
c. LENGTH OF STAY (In this place) 2 Years		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7478 Ethel Avenue		e. STREET ADDRESS (If rural, give location) 7478 Ethel Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CLAUDE c. (Last) CHAPEL			4. DATE OF DEATH June 12 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/12/1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Chapel	13b. MOTHER'S MAIDEN NAME Melissa Chapel	14. NAME OF HUSBAND OR WIFE Bertha Nixon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thula Carlson 7478 Ethel Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		DUE TO (b) Hypertension		?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Chronic Nephritis		?
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) 443X
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?

22. I hereby certify that I attended the deceased from June 9, 1956 to June 12, 1956, that I last saw the deceased alive on June 12, 1956, and that death occurred at 5.45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leontine Petersen M.D.	23b. ADDRESS 1005 Big Bend Blvd.	23c. DATE SIGNED 6/13/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/13/56	24c. NAME OF CEMETERY OR CREMATORY Cranor Cemetery	24d. LOCATION (City, town, or county) (State) Christian County Kentucky
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DATE REC'D BY LOCAL REG. 6-13-56	REGISTRAR'S SIGNATURE Hubert R. Douberind	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Arthur W. Dube*.....

Licensed Embalmer No. *432*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.