

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26003

STATE FILE NUMBER

318

1003

6318

Registration District No. Primary Registration District No. Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS 7114 Idaho	
3. NAME OF DECEASED (Type or print) First August Middle B. Last CHAPLIN		4. DATE OF DEATH Month July Day 5 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 6, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) landscape gardner		10b. KIND OF BUSINESS OR INDUSTRY Peter Schmidt	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Chaplin		14. MOTHER'S MAIDEN NAME Lilly Walthers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493404489	
17. INFORMANT Lucille Chaplin, 7114 Idaho		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1220 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) James M. Kelly		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 7-8-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-8-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem	23d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co., 7420 Michigan		25. DATE RECD. BY LOCAL REG. JUL 8 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith m.d.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 NATIONAL CENTER FOR HEALTH STATISTICS
 CENTER FOR DEMOGRAPHY AND POPULATION STATISTICS
 NATIONAL CENTER FOR NATURAL STATISTICS
 NATIONAL CENTER FOR VITAL STATISTICS
 NATIONAL CENTER FOR HUMAN DEVELOPMENT AND DISABILITY STATISTICS
 NATIONAL CENTER FOR HEALTH AND HUMAN SERVICES
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 NATIONAL CENTER FOR HUMAN DEVELOPMENT AND DISABILITY STATISTICS

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 *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *7420 M...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (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.