

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37280
STATE FILE NUMBER

FILED NOV 15 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10609

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 DePaul Hospital		d. STREET ADDRESS (If outside, give location) 3910 Botanical Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE M. CHAPMAN		4. DATE OF DEATH Month Day Year Nov. 6 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sep. 7, 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Hellrung & Grimm Furn. Co.		9b. KIND OF BUSINESS OR INDUSTRY	9c. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. FATHER'S NAME George H. Chapman		10b. MOTHER'S MAIDEN NAME Mary Quinn	10c. NAME OF HUSBAND OR WIFE Mary A. Chapman
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No None		12. SOCIAL SECURITY NO. 495-14-7742	13. INFORMANT Address Mary A. Chapman 3910 Botanical Ave.
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma liver DUE TO (b) Primary carcinoma of tongue DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			15. INTERVAL BETWEEN ONSET AND DEATH 3 mo & 1954
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastases to vertebral column 1957			16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		17b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
18c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		18d. CITY, TOWN, OR LOCATION COUNTY STATE 1417	
19d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		19e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20. I attended the deceased from Nov 1954 to Nov 6/57 and last saw her alive on Nov 5-57 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Remmerman MD		21b. ADDRESS 1117 N Grand	
21c. DATE SIGNED Nov 7/57			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE Nov. 9, 1957	22c. NAME OF CEMETERY OR CREMATORY. Calvary Cemetery	22d. LOCATION (City, town, or county) (State) St. Louis, Mo.
23. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway		24. DATE RECD. BY LOCAL REG. NOV 7 57	
25. REGISTRAR'S SIGNATURE Paul Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Edwin A. McDermott*

Licensed Embalmer No. 3024

P. O. Address

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.