

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-034319**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2287

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 19 1963**

VS 300  
Rev. 4/59

1 4012  
2 4012  
3 2  
4 0  
5 1  
6  
7 0  
8 2  
9 422-0  
10  
11  
12 90-0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Crestwood</u>		Length of stay in 1b <u>8 Years</u>	c. CITY OR TOWN <u>Crestwood</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>1340 Liggett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1340 Liggett</u>
3. NAME OF DECEASED (Type or print) First <u>Henry (Harry)</u> Middle <u>Lee</u> Last <u>Chapin Sr.</u>		4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Title Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
13a. FATHER'S NAME <u>Henry Aaron Chapin</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Clare Chapin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no or unknown) (If yes, give war or dates of) <u>Yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>0</u> 17. INFORMANT <u>Helen Clare Chapin</u> <u>1340 Liggett</u>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3</u> <u>7 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>1955</u> to <u>present</u> and last saw <sup>her</sup> him alive on <u>July 16, 1963</u> . Death occurred at <u>5 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert C. Kuegeland MD</u>		22b. ADDRESS <u>14 FORSYTH WALK Crestwood, MO</u>	22c. DATE SIGNED <u>7-17-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 19, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>MITTELBERG - GERBER</u> <u>COLONIAL CHAPEL</u>		25. DATE RECD. BY LOCAL REG. <u>7-18-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Chas. J. Haines  
Licensed Embalmer No. 4408

P. O. Address Lawrence, Mo.

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.

MISSOURI DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MISSOURI