

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

3252

**1. PLACE OF DEATH**

County.....

Registration District No. *781*

Township.....

Primary Registration District No. *46103*

City *St. Louis*

(No. *4557*, Cottage

File No. ....

Registered No. *1026*

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *4557 Cottage*

St. *11* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

*Male*

4. COLOR OR RACE

*Col.*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Cecelia Chase*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Oct. 1, 1859*

7. AGE

YEARS  
*72*

MONTHS  
*3*

DAYS  
*28*

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Labor*

9. Industry or business in which work was done, as saw mill, saw mill, bank, etc.

*Aggett & Meyers Tobacco*

10. Date deceased last worked in this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Jefferson City, Mo*

FATHER

13. NAME

*Ernest Chase*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Unknown*

MOTHER

15. MAIDEN NAME

*Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*S. Carolina*

17. INFORMANT (ADDRESS)

*Mrs. Cecelia Chase  
4557 Cottage Ave.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Greenwood Cem.* DATE *Feb. 1st* 19*32*

19. UNDERTAKER (ADDRESS)

*W.C. Gordon Undertaker  
2647 9 Morgan St.*

20. FILED

*Jan 3 1932*

*Max C. ...*

Registrar

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Jan. 29, 1932*

22. I HEREBY CERTIFY, that I attended deceased from

*Jan 14* 19*32* to *Jan 29* 19*32*

Last saw him alive on *Jan 27* 19*32*. Death is said

to have occurred on the date stated above, at *7 P.M.*

The principal cause of death and related causes of importance were as follows:

*Foliar Pneumonia 10 days*

Other contributory causes of importance:

Name of operation

*8 ①*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

*W. P. Moore*, M. D.

(Address)

*1330 Franklin*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

