

4-13-40  
-17-28  
I x31

43933

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2480

JAN 8 1941

Registration District No. 784

Primary Registration District No. 117

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
25 HULL AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 YRS \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 25 HULL AVE  
\_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MATHILDA HENRIETTA CHASE

3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife JOHN CHASE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPTEMBER-14-1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 3 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace OLSEN GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name THEODORE HEETER

13. Birthplace \_\_\_\_\_ GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace \_\_\_\_\_ GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Chase

(b) Address 25 HULL AVE.

17. (a) BURIAL (b) Date thereof DEC-31-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Richard Co

(b) Address WEBSTER GROVES, MO

19. (a) DEC 30 1940 (b) R.R. Myers M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1940 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from 12-4-39  
\_\_\_\_\_ 1939, to Dec. 29 1940.

that I last saw her alive on Dec. 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Adenocarcinoma of cervix Duration 12-4-39+

Due to Arteriosclerosis 12-4-39+

Due to Chr. Myocarditis 12-4-39+

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 4/8

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. Campbell (M. D. or other) \_\_\_\_\_

Address 802 9 Forsythe Date signed 12-30-40

(Licensed Embalmer's Statement on Reverse Side)

*Embalmer's Certificate*

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Groves*

**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 this body is not embalmed, fact should be so stated above.**