

Registration District No. \_\_\_\_\_ Primary Registration District No. **111**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2-days**  
(Specify whether  
In this community **21 1/2 yrs.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **Belnor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8269 Glen Echo Drive**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sarah Veronica Chase**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **28th.**  
year **1942** hour **9** minute **50 P.M.**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **William B. Chase** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **April 26th., 1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept. 1939** to **Jan 28-** 19**42**  
that I last saw her alive on **Jan 28** 19**42**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>9</b>	<b>2</b>	hr. min.

Immediate cause of death **Coronary Sclerosis.**

9. Birthplace **Boston Mass.**  
(City, town, or county) (State or foreign country)

Due to **?**  
Due to **?** **9321**

10. Usual occupation **Housewife**

Other conditions **Myocardial Infarction**  
**Following acute Rheumatic Fever**  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **None**

11. Industry or business \_\_\_\_\_  
12. Name **Herbert Rooney**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARIE Nolan**  
15. Birthplace **Boston Mass.**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mr. William B. Chase**  
(b) Address **8269 Glen Echo Drive**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **None**

17. (a) **Burial** (b) Date thereof **1-31-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary**

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

18. (a) Signature of funeral director **Arthur Konnele**  
(b) Address **3840 Lindell Blvd.**  
19. (a) **JAN 30 1942** (b) **C. H. McNamee**  
(Date received local health officer) (Registrar's signature)

23. Signature **James J. O'Reilly** (M. D. or other) **MB**  
Address **6125 B. Ashby St.** Date signed **1/29/42**

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

94  
8  
3

MAR 1 1942

6125  
7-8  
Pauline

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**