

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7787

FILED MAR 2 1942

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 435

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 2/21/42
(Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3664 Washington Avenue.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME William A. K. Chase

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 498-16-764

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 2, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 22 If less than one day .hr. .min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business -

12. Name Benjamin Chase
13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Ellis
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schuller
(b) Address Clinical Clerk VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Frederick S. Mortimer
(b) Address 212 E. Fungus Street

19. (a) FEB 25 1942 (b) C. J. M. Labor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th
year 1942 hour 5:35 minute P. M.

21. I hereby certify that I attended the deceased from February 21, 1942 to February 24, 1942
that I last saw him alive on February 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic heart disease, cardiac enlargement, auricular fibrillation and myocardial insufficiency.
Due to -
Due to -

Duration

Unknown

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy No 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) NO

(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 Chief Medical Officer
(Specify type of place) (Specify type of place) or injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed 2/25/42

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

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707

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.....

Edwin A. Mc Dermott

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