V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12491

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3555

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2738 Dickson 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Chase

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 9 (Month) 7 (Day) 1899 (Year)

8. AGE: Years 42 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Grace (City, town, or county) Miss (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Railroad. Mo. Pac.

FATHER
12. Name Abe Chase
13. Birthplace Minnie (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace Lake Providence Louisa (City, town, or county) (State or foreign country)

16. (a) Informant Martha Sargent
(b) Address Pine Bluff Ark R.3B 227

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Carathersville, Mo.

18. (a) Signature of funeral director Smith & Hill
(b) Address Wayne Mo Box 8 L

19. (a) APR 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13, year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 13, 1942 to April 13, 1942; that I last saw him alive on April 13, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pleursy with Effusion	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature J. W. Johnson (M. D. or other)
Address 2601 Whittier Date signed 4/14/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1949

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 G. H. Hill

Licensed Embalmer No. 2627.

P. O. Address Lilbourn 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 this body is not embalmed, fact should be so stated above.