

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39625

FILED DEC 29 1943

State File No. _____
Registrar's No. 11063

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 245 Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JENNIE F. CHASE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 22 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 20 hr. min.

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

10. Usual occupation Ret'd Teacher

11. Industry or business Public Schools

12. Name Edward Chase

13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)

14. Maiden name Eliza W. Alden

15. Birthplace Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Chase-Loud

(b) Address Gatesworth Hotel

17. (g) Burial (b) Date thereof 12-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander Seno

(b) Address 6175 Delmar Blvd

19. (a) DEC 13 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 12 day _____
year 1943 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 27, 1943 to Dec 12, 1943
that I last saw her alive on Dec 11, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 2 yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma of Stomach
Of operations _____
Of autopsy Carcinoma of Stomach

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 J. F. Jones (M. D. or other) _____
Address 4500 Olive St St Louis Date signed Dec 13 1943

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

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 Jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar
St. Louis, 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.