. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7319

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1494

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: Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0.00

(c) City or town St. Louis 21/7
(If outside city or town limits, write "RURAL")

(d) Street No. 2303 Franklin 9
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Selener Chase

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 3

5. Color or race Cal

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Dec (Month) 4 (Day) 1893 (Year)

8. AGE: 52 Years ~~53~~ Months 2 Days 6 If less than one day hr. min.

9. Birthplace Mayersville, Ark (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Ceasel Scott
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Unk.
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Jackson
(b) Address 2301 Franklin

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Eudora, Ark

18. (a) Signature of funeral director A. L. Beal
(b) Address 2726 Lucas

19. (a) FEB 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1946 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from 2-6, 1946, to 2-10, 1946; that I last saw her alive on 2-10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
b Chronic Neprhitis with terminal Uremia	Unk
Due to	
Due to	
Other conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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

23. Signature O. J. Ayer (M. D. or other)

Address 2601 N Whittier Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence E. Erickson

Licensed Embalmer No. 4341

P. O. Address 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.