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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 28 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15906**  
Registrar's No. **928**

Registration District No. **317** Primary Registration District No. **3064**

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

**1. PLACE OF DEATH:**

(a) County **St. Louis**

(b) City or town **Ferguson**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**224 Tiffin Avenue,**  
(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**  
years, months or days)

**3. (a) PRINT FULL NAME** **Edgar Chase**

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

4. Sex <b>M</b>	5. Color or race <b>W</b>	6. (a) Single, widowed, married, divorced <b>Married</b>
6. (b) Name of husband or wife <b>Edna Brown Chase</b>		6. (c) Age of husband or wife if alive <b>67</b> years
7. Birth date of deceased <b>1877</b>		<b>Jan.</b> <b>16</b>
<small>(Month)</small>		<small>(Day) (Year)</small>

**8. AGE:**

Years <b>70</b>	Months <b>3</b>	Days <b>5</b>	If less than one day hr. _____ min.
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9. Birthplace **California** **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Broker**

11. Industry or business **Insurance**

**MOTHER FATHER**

12. Name **Charles Chase**

13. Birthplace **California** **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Allee**

15. Birthplace **California** **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Chase**

(b) Address **Ferguson, Missouri**

17. (a) **Burial** (b) Date thereof **4/23/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **White Funeral Home**  
**Ferguson, Missouri**

(b) Address **4-25-47**

19. (a) **4-25-47** (b) **Leola Shapp**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Ferguson**  
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **224 Tiffin Avenue,** **2**  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **21**  
year **1947** hour **5** minute **25** A..M.

21. I hereby certify that I attended the deceased from **1/6**, 19**46** to **4/21**, 19**47**  
that I last saw him alive on **4/21**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **1 da.**  
**740**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chr. Lymphatic leukemia** **3 1/2**  
(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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature **B. O. Hughes** (M. D. or other) **0**  
Address **Ferguson Mo** Date signed **4/22/47**

(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..... *R. M. White* .....

Licensed Embalmer No. *3973* .....

P. O. Address..... *Ferguson, 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.**