

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 (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 224 Tiffin Avenue,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Edna Pearl Chase  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month July day 21  
year 1947 hour 11 minute A. M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Edgar Chase 6. (c) Age of husband or wife if alive Dec d. years  
7. Birth date of deceased November 25, 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 20 et 6 1946 to July 21 1947  
that I last saw her alive on July 20 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>67</u>	<u>7</u>	<u>26</u>	

Immediate cause of death Ca of thyroid Duration 9 mo.  
Due to 550  
Due to \_\_\_\_\_

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

Other conditions Metastasis to liver 4 mo.  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business --  
12. Name Lyman D. Brown  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Salina Gillett  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. F. B. Jeske  
(b) Address Ferguson, Missouri  
17. (a) Burial (b) Date thereof 2/23/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? 0

(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director White Funeral Home  
(b) Address Ferguson, Missouri  
19. (a) 2-24-47 (b) Cooley Sharp  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature W. Hughes (M. D. or other) M.D.  
Address Ferguson Mo Date signed 7/22/47

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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 L. M. White

Licensed Embalmer No. 3973

P. O. Address. Bergeron, 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.**