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FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

9892

State File No.

318

2665

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		17 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 4501 Maryland Ave., 1</u>				d. STREET ADDRESS (If rural, give location) <u>4501 Maryland Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLINTON</u> b. (Middle) <u>H.</u> c. (Last) <u>CHASE.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1949.</u>				
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>July 9, 1885.</u>		9. AGE (In years last birthday) <u>63.</u>	IF UNDER 1 YEAR Months <u>8.</u> Days _____	IF UNDER 4 HRS. Hours <u>14.</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice President.. 1st Nat'l Bank (St. Louis).</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clinton Alden Chase.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Harmon.</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Barth Chase.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. _____		16. SOCIAL SECURITY NO. <u>497-18-6651</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Jack Dickmann, 4501 Maryland Ave.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH: <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C-V Disease</u> <u>93d</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1941</u> , to <u>Mar 23, 1949</u> , that I last saw the deceased alive on <u>Mar 23, 1949</u> , and that death occurred at <u>8:50 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul O. Hagemann</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>3/26/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		
DATE REC'D BY LOCAL REG. OFFICE <u>MAR 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons, 7233 Delmar Blv'd.,</u>			

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

Dr. Paul O. Hagemann,
3720 Washington...
NE: 6646.
Res: 159 Linden,
PA: 2845.

MAY 23 1976

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.