No. 300
10-48

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9893

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2747

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 50 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 380 N. Taylor Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Wallace
b. (Middle): F
c. (Last): Chase

4. DATE OF DEATH (Month) (Day) (Year): 3 25 49

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-18-1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: Gov't
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Charles F. Chase
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Mamie E. Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mamie E. Chase 380 N. Taylor Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of ascending colon recurrent c̄ metastases — INTERVAL BETWEEN ONSET AND DEATH: 11 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 46
DUE TO (c): 22

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hiatus hernia of stomach — 7

19a. DATE OF OPERATION: 9 Mar. 49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of resected colon May 1948 Repair of hiatus hernia
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr., 1948, *to* 25 Mar., 1949, *that I last saw the deceased alive on* 25 Mar., 1949, *and that death occurred at* 3 [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Truman G. Drake, MD
23b. ADDRESS: 114 N. Taylor. St. Louis 8
23c. DATE SIGNED: 28 Mar. 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-28-49
24c. NAME OF CEMETERY OR CREMATORY: Pine Crest Cemetery
24d. LOCATION (City, town, or county) (State): Little Rock Ark.

DATE REC'D BY LOCAL REG.: 3-27-49
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H. Leidner U. Co. 2223 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1949

Burial

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.

Signed John P. Buchholz

Signed .....
Student Embalmer

Licensed Embalmer No. 1674

P. O. Address 2223 St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Dr. T. G. Drake - 114 N. Fayette