RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024395

FILED VS JUL 1 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6259

STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO — Length of stay in 1b 5 DAYS

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4976 MIAMI — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First PETER Middle — Last CHASE

4. DATE OF DEATH Month 6 Day 18 Year 1960

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH -1886

9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK TELLER

10b. KIND OF BUSINESS OR INDUSTRY BANKING

11. BIRTHPLACE (City and state or country) GREECE

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME THEODORE CHASE

13b. MOTHER'S MAIDEN NAME ANGELIA (UNKNOWN)

14. NAME OF HUSBAND OR WIFE HELEN CHASE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-12-1699

17. INFORMANT HELEN CHASE Address 4976 Miami

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cholecystitis & Lithiasis — INTERVAL BETWEEN ONSET AND DEATH 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 584+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertensive & Art. Sch. C.V. Dis. Diabetes M.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/14/60 to 6/18/60 and last saw ~~her~~ him alive on 6/18/60
Death occurred at 4:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur E. Strauss M.D.

22b. ADDRESS 3790 Washington

22c. DATE SIGNED 6/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 6-20-1960

23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS CEMETERY

23d. LOCATION (City, town, or county) ST. LOUIS, (State) MO

24. FUNERAL DIRECTOR HOWARD H. MICHEL ADDRESS 5930 SOUTHWEST

25. DATE RECD. BY LOCAL REG. JUN 20 1960

26. REGISTRAR'S SIGNATURE Earl Smith M.D. MDC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Herbert J. Gaul Jr

Signature of Student Embalmer

Licensed Embalmer No. 4860

P. O. Address Richmond 22

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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