DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33137

Registration District No. 784 (OCT 10 1940)

Primary Registration District No. 200

Registrar's No. 1716

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dr. Tiernan Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3314 Williams Pl. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Marilyn Chase

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Mar. (Month) 17 (Day) 1936 (Year)

8. AGE: Years 4 Months 5 Days ~~13~~ 21 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Frank M. Chase
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dorthy Smith
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Frank M. Chase

(b) Address 3314 Williams Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 10 1940 (Date received local registrar) (b) R. Meyer M.D. Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 5, 1940 to Sept 8, 1940 that I last saw her alive on Sept 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia due to Intestinal Obstruction

Due to Adhesions around & constricting the middle part of Ileum

Due to and the Duodenum and first part of Jejunum

Other conditions Congenital Pyloric Stenosis & underlying

(Include pregnancy within 3 months of death)

Major findings: Of operations of the Duodenum

Autopsy — Same as above

Of autopsy Many dense adhesions from former operation on stomach

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Bennett R. Wood M.D. (M. D. or other)

Address 3402 Union St. Louis Date signed 9/8/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Warren A. Carr

Licensed Embalmer No. 353x

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.