

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **200** Registrar's No. **2619**

4001 H

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. CITY OR TOWN Normandy	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6 Days		e. STREET ADDRESS (If rural, give location) 80 Bellerive Acres	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hill Top Rest Home		f. FULL NAME OF HOSPITAL OR INSTITUTION: _____	
3. NAME OF DECEASED (Type or Print) a. (First) Florence	b. (Middle) C.	c. (Last) Chase	4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1954.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 21, 1864
9. AGE (In years) (Month) (Day) 90		10. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Chadron, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James Andrew Wilson		13b. MOTHER'S MAIDEN NAME Eliza Messenger	
13c. NAME OF HUSBAND OR WIFE Arthur Chase		14. NAME OF HUSBAND OR WIFE Arthur Chase	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Dwight Chase, Normandy, Mo.		ADDRESS Dwight Chase, Normandy, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. 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 4500	
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) m.		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 Nov. 6, 1954 , to Nov. 11, 1954 , that I last saw the deceased alive on Nov. 11, 1954 , and that death occurred at 7:00 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE John G. McJannet M.D.		23b. ADDRESS 5014 Stella St. Louis	
23c. DATE SIGNED 11/11/54		24. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE 11/12/54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.	
DATE REC'D BY LOCAL REG. 11/12/54		REGISTRAR'S SIGNATURE Harold R. Lamb	
25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.		ADDRESS White Chapel, Ferguson, Mo.	

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.....
Signature of Student Embalmer

No. Embalming
Signed White Funeral Home.....

Licensed Embalmer No.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.