MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21738

1. PLACE OF DEATH
County St Louis Registration District No. 189 File No.
Township Carondelet Primary Registration District No. 6033 Registered No. 186
City Town Lesser Mo (No. 6052 Grandshaw Ave St. Ward)

2. FULL NAME John E Mitting
(a) Residence (Usual place of abode) No. 6052 Grandshaw Ave St., Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Georgia Mitting

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	53	0	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Holden
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John W. Mitting
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bedford Pa
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Mary Huggard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloody Run
(STATE OR COUNTRY) Penn

14. INFORMANT Mrs Georgia Mitting
(Address) 6052 Grandshaw Ave

15. FILED 6/15- 19 28 Della Bracy M. D. REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____
that I last saw h____ alive on ____, 19____, and that death occurred, on the date stated above, at 5.20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sunstroke by
turning on illuminating gas
of gas stove
1/2 HR (duration) ____yrs. ____mos. ____ds.
CONTRIBUTORY (SECONDARY) Suicide
(duration) ____yrs. ____mos. ____ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Louis H Bopp, M. D
6-14, 1928 (Address) 13 Ripon Kirkwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem	6-16 1928
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD