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

Do not use this space.

2540

1. PLACE OF DEATH

County St. Louis, Registration District No. 789 File No.

Township Central Primary Registration District No. 6033 (3) Registered No. 3

City (No. 2909 Walton Road, St. Ward)

2. FULL NAME Ella M. Mitchell

(a) Residence. No. 2909 Walton Road, St., Ward.
(Usual place of abode) (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)
Femalr	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver L. Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	4	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Erie.
(STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.

14. INFORMANT Oliver L. Mitchell
(Address) 2909 Walton Rd.

15. FILED 1/3, 1930 Rolla Bracy, M.D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1929, to Jan 3, 1929, that I last saw her alive on Jan 3, 1930, and that death occurred, on the date stated above, at 5:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

108

911

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J H Barto, M. D

Jan 3, 1930 (Address) 6123a Easton Ave.

*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
Erie Pa	Jan 3 1930

20. UNDERTAKER	ADDRESS
Geo L. Pleitsch	5966 Easton

CAUSE OF DEATH in plain terms, so that it may be properly classified.