

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

Do not use this space.

24991

791

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 5667)

Primary Registration District No. City Hospital

File No.

Registered No. 7160

St. Ward)

2. FULL NAME

(a) Residence. No. 4472 Bingham St. 15 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Ida Mitchell

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

Dec 10 - 1878

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,
<u>51</u>	<u>7</u>	<u>7</u>	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. summan
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Shankner Post Co

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

St. Louis Mo

PARENTS

10. NAME OF FATHER

Benjamin Mitchell

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

England

12. MAIDEN NAME OF MOTHER

Harriet Warren

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

England

14. INFORMANT (Address)

City Hospital

15. FILED

July 18 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 15. DATE OF DEATH (MONTH, DAY AND YEAR)

July 17 1930

I HEREBY CERTIFY, That I attended deceased from July 17 1930 to July 17 1930, that I last saw him alive on July 17 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

908

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Raymond J. ... M. D. 7/18 1930 (Address) City Hospital

*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

St. Matthews Cemetery 7-18 1930

20. UNDERTAKER

ADDRESS

Kriegshaus Co St. King's Highway

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

Mitchell