

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. 38861
 Township Central Primary Registration District No. 6248H Registered No. 38861
 City Richmond Mo. (No. St. Marys Hosp) St. _____ Ward _____

2. FULL NAME

Stanley Mitchell
 (a) Residence, No. 3630 1/2 Park av 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 - 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11. - 27.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas City Kas.

13. NAME Jim Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville Ala.

15. MAIDEN NAME Beatrice Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Jim Mitchell 3630 1/2 Park av

18. BURIAL, CREMATION, OR REMOVAL PLACE Palhalla DATE Nov 24 1933

19. UNDERTAKEN (ADDRESS) Edith Embreyer and Co 4224 Manchester av

20. FILED Nov 24, 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Nov 22, 1933

I last saw him alive on Nov 22, 1933. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Essential Hypertension Date of onset July 1931
Ch. Coronary atherosclerosis Date of onset Nov 6, 1932
Myocardial Infarction Date of onset Nov 15, 1933
1931
1932
1933
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. J. Lane M. D.
 (Address) St. Marys Hospital - St. Louis

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

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.

Nov 20 1933

Los Angeles

St. Francis Hosp.

1211 Sunset av

