APR 11 1936

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

1. Do not use this space.

791
1003
12593
2626

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 12593

Township ..... Primary Registration District No. ..... Registered No. 2626

City St. Louis (No. Bethesda Hospital St. ..... Ward)

2. FULL NAME Mollie E. Mitchell

(a) Residence, No. 1426 McCausland Ave. St., Ward 4
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1853

7. AGE: Years 82 | Months 6 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher
10. Date deceased last worked at this occupation (month and year) Jan 11-1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME L. W. Mitchell
14. BIRTHPLACE (CITY OR TOWN) Abingdon
(STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Caroline Wright
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

17. INFORMANT Mrs Robert E. Slegl
(ADDRESS) 1426 McCausland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Mch 11 1936

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive St

20. FILED MAR 9 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1935, to March, 1936

I last saw her alive on March 7, 1936. Death is said to have occurred on the date stated above, at 9:50 A.m.

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

	Date of onset
Myocarditis - Chronic	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify
(Signed) J. W. Vanderlutz, M. D.
(Address) 4500 Olive St
3-8-36

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.

10-12 cm
40 3800