

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

Do not use this space.

NOV 4 1936

791  
1008

49111  
10397

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 1466, Belt Ave.) St. .... Ward)

2. FULL NAME

(a) Residence, No. 1466, Belt Ave., St. 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Mittingly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-15-36</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, .....hrs. or .....min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

MOTHER  
13. NAME William Mittingly

14. BIRTHPLACE (CITY OR TOWN) Mississippi  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Rebecca Marden

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

17. INFORMANT William Mittingly  
(ADDRESS) 1466 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo DATE Oct 19 1936

19. UNDERTAKER (ADDRESS) St. Louis, Mo

20. FILED OCT 16 1936 J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 8 A m.

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

Still-born

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) E. B. Verman, M. D.

(Address) 2901 Big Bend

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.

