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

MAR 5 - 1937

Do not use this space.

File No. 8144
Registered No. 1592

1. PLACE OF DEATH

County
Township
City St. Louis (No. Mo. Pacific Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME John E. Mitchell

(a) Residence, No. 6250 Famous Ave. St., 3 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*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	5	20	

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. R.R. Car Inspector
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) Virginia

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

MOTHER

15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT (ADDRESS) Mrs. Beatrice Beynon 6250 Famous Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemt. DATE Feb. 6, 1937

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED FEB 5 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12,45 P.M.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Intrachanteric fracture of the right hip following fall over rug in home on Feb. 2/37.

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? Accident Date of injury 2/2/, 1937
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At home
Manner of injury
Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Zeno, M.D.
(Address) Deputy Coroner

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.

WHITE PAPER WITH GREEN TINT IS A PERMANENT RECORD

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Coroners