

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.

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

32344

Do not use this space.

8398

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis (d) Street No. 4328 Farlin St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alvirde H Mitchell  
(a) Residence, No. 4328 Farlin St. 10 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1867

7. AGE YEARS 69 MONTHS II DAYS I If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Dont no  
(STATE OR COUNTRY) Illinois

13. NAME George Sexton

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

15. MAIDEN NAME Catherine Jones

16. BIRTHPLACE (CITY OR TOWN) Dont no  
(STATE OR COUNTRY) Illinois

17. INFORMANT John C Mitchell  
(ADDRESS) 4328 Farlin

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Valhalla DATE 9/9/37

19. FUNERAL DIRECTOR Prosser and Co  
(ADDRESS) 3710 N Grand Blvd

20. FILED SEP 7 1937 J. T. Bredek  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to 7/6 1937

I last saw him alive on 7/2 1937. Death is said to have occurred on the date stated above, at 12:30 P. M.

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

Myocardial infarction Date of onset 7/2

Other contributory causes of importance:

Hypertension

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? no

If so, specify B. Shauky, M. D.

(Signed) B. Shauky (Address) 1974 So Jefferson

STATEMENT BY LICENSED EMBALMER

I, Robert L Brinkman Licensed Embalmer No. 3553

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

Robert L Brinkman

Licensed Embalmer No. 3553

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**