

REC'D MAY 10 1938

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

12904
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 4150 Chouteau Ave.

Registered No. 3508

(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine H. Mitchellette 324

(a) Residence, No. 4150 Chouteau Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 75

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Italy

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Sam Mitchellette
(ADDRESS) 4150 Chouteau Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4-15, 1938

19. FUNERAL DIRECTOR Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED APR 14 1938 J.F. Bredick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 35, 1935, to April 12, 1938.
I last saw him alive on April 11, 1938. 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:

Cardio-Respiritis Date of onset 4-12-38
Other contributory causes of importance 95%

Name of operation..... Date of.....
What test confirmed diagnosis? usual 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 W.F. Gallagher
(Signed) W.F. Gallagher, M. D.
(Address) Massouri State Bldg

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.

Ms. Theaster 1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

E. J. McDevitt

Licensed Embalmer No.

3024

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.