

DEBU APR 12 1939

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

8279  
Do not use this space.

2044

1. PLACE OF DEATH

(a) County..... 3 / Registration District No. .... 1003  
(b) Township..... Primary Registration District No. ....  
(c) City..... ST. LOUIS, MO. (d) Street No. .... FAMOUS-BARR CO., 6th & LOCUST 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME MARY MITCHNER

(a) Residence, No. 511 WATERMAN St. 12  
(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 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 WILLIAM MITCHNER  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 30-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 8 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALES LADY  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) MARCH 1-1939  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO. 0

FATHER 13. NAME MICHAEL NEVINS 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5

MOTHER 15. MAIDEN NAME MARGARET SCHANAHN

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

17. INFORMANT (ADDRESS) Mrs. Geo. W. Naughton  
6629 Clayton Rd.

18. BURIAL PLACE OR REMAINTS GALVARY CEMETERY DATE 3/ /39 15

19. FUNERAL DIRECTOR (NAME) (ADDRESS) OSCAR J. HOFFMEISTER  
4016 CHIPPEWA STREET

20. FILED MAR 3 1939  
Local Registrar

MEDICAL CERTIFICATE OF DEATH  
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/39 19

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 10:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion;  
Arterio Sclerosis;

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? 4  
If so, specify \_\_\_\_\_  
(Signed) Alfred Perry, M.D.  
(Address) Republic, Colorado

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.

**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 *Edwin H. Leisinger*  
Licensed Embalmer No. *4049*  
P. O. Address *4016 Chippewa*

**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.