

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

REC'D APR 12 1939

8585  
 Do not use this space.

791  
 1008

Registered No. **2350**

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. City Hospital No. 1 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. ds.

**2. PRINT FULL NAME**

John Mitchell  
 1421 Cleary St. 21  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ADA MITCHELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51                      9                      26

OCCUPATION 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. bricklayer  
 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) Texas

FATHER 13. NAME Charles Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Rose Smith 9

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE MAR. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 2222 St. Louis Ave. St. Louis Mo.

20. FILED MAR 12 1939 J. B. Bredich Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/39, 19...

22. I HEREBY CERTIFY, That I attended deceased from 2/18/39 to 3/9/39, 19...  
 I last saw him alive on 3/9/39 at 8:25 p. Death is said to have occurred on the date stated above, at ..... m.

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

Hypertension  
Peptic ulcer  
Secondary anemia

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) R. Ptashnick, M. D.  
 (Address) City Hospital No. 1

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, .....

*Charles Goodhart*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Charles Goodhart*

Licensed Embalmer No. *2777*

P. O. Address

*St. Louis, Mo*

**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.**