

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

26701

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 6597

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Frances Mitchell 324

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy Mitchell 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 18, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 13 hr. min.

9. Birthplace Robertsville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name O. T. Fitzwater 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Duncan 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Mitchell

(b) Address 7542 Folk Ave.

17. (a) Burial (b) Date thereof 8-4-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 3 1940 (b) J. G. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County St. Louis
(c) City or town Maplewood NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7542 Folk Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from abt. July 1, 1940 to Aug 1, 1940
that I last saw her alive on Aug 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of thymal gland.

Due to _____
Due to _____

Other conditions Ac. appendicitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy As above

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Corey (M. D. or other) _____
Address 3107 N. 1st St. Date signed 8-2-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

H. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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

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