. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25323

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1502

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Clayton,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 610 W. Polo Drive. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis,
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. #6334 Waterman, Blvd.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ZACH J. MITCHELL.

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Grace Murray.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 11 (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired, Bagging Mfgr.

11. Industry or business St. Louis Cordage Co.

FATHER
12. Name Zach J. Mitchell.
13. Birthplace Wheeling, (City, town, or county) W. Va. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth McGirth.
15. Birthplace Lexington, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Bruce L. Evans.
(b) Address # 610 W. Polo Dr.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUL 14 1942 (Date received by registrar) (b) C. G. McDermott M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 22, 1942 to July 10, 1942 that I last saw him alive on July 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis 1st	Since 4-22-42
Coronary Thrombosis - 2d	Few minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) N.G.
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Campbell (M. D. or other) M.D.
Address 5427 Delmar St. Louis Date signed 7-10-42

707 (Licensed Embalmer's Statement on Reverse Side)

Dr. Thomas S. Campbell.
5427 Delmar, Blvd.
FO-0392
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 Clarence H. Murray

Licensed Embalmer No. 4011

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, fact should be so stated above.