S. No. 2
DM—2-43
v. 5-17-39

FILED SEP 1 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25951

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7323

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

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: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5733 Pamplin 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Emma Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Chas J Mitchell

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August (Month) 6 (Day) 1867 (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Smithton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name ----- Maedel

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

MOTHER 14. Maiden name ------ Moore

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

16. (a) Informant Husband: Chas J Mitchell

(b) Address 5733 Pamplin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 45 (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Illinois

18. (a) Signature of funeral director Beiderwieden F H Inc

(b) Address 1936 St Louis Avenue

19. (a) AUG 22 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1945 hour 1 minute 15 a M.

21. I hereby certify that I attended the deceased from Aug 12, 1940, to Aug 21, 1945; that I last saw him alive on Aug 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	4 yrs
Uremia	1 yr
Due to Essential hypertension	years
Degenerative myocardium	years
~~Due to~~ Nephrosclerosis	years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131

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)

(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 Ray D. Williams (M. D. or other)

Address 114 N. Taylor, St Louis Date signed 8/21/45

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis Av

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.