

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH

25952

State File No.

1003

Registrar's No.

7948

Registration District No.

Primary Registration District No.

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: City Sanitarium 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 mos 22 ds.  
In this community 47 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4028 Washington Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MILDRED 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 married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 12, 1897  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 28 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Silas Hibler

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

14. Maiden name Mary Hibler

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

16. (a) Informant Thelma Singler

(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 9-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY GEMEVERY

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lincolnton

19. (a) SEP 11 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th  
year 1945 hour 1.15 minute A M.

21. I hereby certify that I attended the deceased from Sept. 18th 1944 to Sept 10, 1945  
that I last saw her alive on Sept. 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to PARESIS? 1944x

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 30

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. K. Birch (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal St Date signed 9/10/45

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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4840 Lafayette

**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.**