

FILED AUG 20 1946 **STANDARD CERTIFICATE OF DEATH**

Dr. Beahm on 28351
State File No. _____
Registrar's No. 16-73

Registration District No. 367

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Eureka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5318 Hawthorne!
(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

3. (a) PRINT FULL NAME Geo. B. Mitchell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MC 5. Color or race N. 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Judith Mitchell 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan 23 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name unknown

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

14. Maiden name Emma Ritter

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Judith Mitchell

(b) Address 5318 Hawthorne

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

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Joseph H. Bopp

(b) Address 5318 Hawthorne

19. (a) 8-14-46 (b) Ed McGowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town Eureka
(If outside city or town limits, write "RURAL")
(d) Street No. 5318 Hawthorne
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-23 1946 to 8-10 1946
that I last saw him alive on 8-10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 15 min.
Due to chronic myocardium AKA 18
Due to bronchial asthma AKA 5 yr.
multiple foci of infection 10 yr.
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature Dr. Beahm (M. D. or other) _____
Address Eureka Date signed _____

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

MOTHER FATHER

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 Durand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood 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.