

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2902**
183
Registrar's No. _____

FILED JAN 23 1947

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
In this community 25 Years (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. 4356 Lee Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSAN W. MITCHELL

3. (b) If veteran, name war None 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 Herbert E. Mitchell 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug. 27, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 25 hr. min.

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

10. Usual occupation At Home

11. Industry or business House Wife

12. Name Herbert C. Williamson

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

14. Maiden name Annie Silence

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

16. (a) Informant Herbert E. Mitchell

(b) Address 4356 Lee Avenue

17. (a) Burial (b) Date thereof 1/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2101 East Fair Ave

19. (a) JAN 7 1947 (b) J. P. Breneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1947 hour 6:15 PM minute _____ M.
21. I hereby certify that I attended the deceased from 12:30-46
Jan 6 1947 to Jan 6 1947
that I last saw her alive on Jan 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Secondary shock following
Hysterectomy for
uterine fibroma 6 da.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) None

Major findings: uterine fibroma
Of operations _____
Of autopsy No major findings other than stated

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 0
23. Signature G. A. Mellis (M. D. or other) _____
Address 2739 N. Grand Date signed 1-7-47

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

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.....

Welford D Burnley

Licensed Embalmer No.....

4203

P. O. Address.....

11000

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.