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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 24 1948 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 38455  
Registrar's No. 9629

Registration District No. 318 Primary Registration District No. Registrar's No.

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: City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME Nettie Mitchell  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John S. Mitchell  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased August 30 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 4  
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Anton Louvier  
13. Birthplace ? France

14. Maiden name Amelia  
15. Birthplace ? Kentucky

16. (a) Informant Hazel Beuer  
(b) Address 6433 Ridge

17. (a) Burial (b) Date thereof Nov 6 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakgrove Cent.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave

19. (a) NOV 5 1948 J. B. Lavater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6433 Ridge  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 3  
year 1948 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thromboses while being hospitalized following a fracture of left femur and left clavicle when she stepped on which she was a passenger & being operated by George Ptichy, gas & a jerk causing her to fall to the floor around 12:10  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: P.M. Oct 4, 1948 in front of 5983 Easton Ave  
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) Accident road  
(b) Date of occurrence Oct 4, 1948

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

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

While at work? (Specify type of place) (Specify type of place)  
(g) Means of injury see above

23. Signature (M. D. or other)  
Address Date signed 11/5/48

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 102

Anthony Bonin Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Alfred J. Boedeke

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament

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.