

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5347

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5592 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Plattin Township		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1829 S. 10th., St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print)		a. (First) Bernice		b. (Middle) Sandlin		c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) Feb., 5, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13, 1913		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. 35/5/22		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Plastic MFG.			11. BIRTHPLACE (State or foreign country) Crosstown, Mo. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Jess Sandlin		13b. MOTHER'S MAIDEN NAME Mary E. Sandin		14. NAME OF HUSBAND OR WIFE James Mitchell	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-28-8086		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irene Rhyne 1819 S. 10th St. St. Louis	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured spine		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Accidentally as the result of the collision of two cars. We are unable to determine any criminal liability from the evidence. (Coroners Jury Verdict)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) W. way 25		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Festus Jefferson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 5 1949 9:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel J. Mahan Coroner		23b. ADDRESS 122 S. 1st St., DeSoto, Mo.		23c. DATE SIGNED 2/6/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Crosstown Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 2/8/49		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. Winstead Festus Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

500

0.300
0.48

RECEIVED

District Health Officer No. 9,

District File Number

FEB 16 1949

Date Filed

FEB 28 1949

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

J. J. COMMERFORD

Student Embalmer No. 235

working under my personal supervision.

Signed

James J. Commerford
Student Embalmer

Signed

H. W. Weyard

Licensed Embalmer No. 3010

P. O. Address

Forsyth 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.