

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11057  
Registrar's No. 618

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>000</u>	
b. CITY OR TOWN <u>PINE LAWN</u>	c. LENGTH OF STAY (In this place) <u>1 MONTH</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHAMROCK NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>925 BEACH AVE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) EUGENIA b. (Middle) \_\_\_\_\_ c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year) MARCH 12, 1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH DEC 25, 1861 9. AGE (In years last birthday) 87  UNDER 1 YEAR  UNDER 1 MONTH  UNDER 1 HOUR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) KIRKWOOD MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN F. MITCHELL 13b. MOTHER'S MAIDEN NAME MARY M. KILKENNY 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. NONE 17. INFORMANT'S SIGNATURE OR NAME Eleanor Wilson ADDRESS 925 BEACH AVE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis

ANTECEDENT CAUSES 4222

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS A30

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH See Above

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan 30, 1945, to Mar 12, 1949, that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Brown (Degree or title) M.D. 23b. ADDRESS 3903 Olive 23c. DATE SIGNED 3/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3/15/49 24c. NAME OF CEMETERY OR CREMATORY CALVARY 24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. 3-10-49 REGISTRAR'S SIGNATURE Shirley G. Livingston 25. FUNERAL DIRECTOR'S SIGNATURE Callan Kelly ADDRESS 4386 LINDELL BLVD

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

9600

*Kidney Brown*  
*Wash D.C.*  
*11 AM. office*      *LU 6211*

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*James A. Summers*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.