

No. 300
10-48

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35417**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8211**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Illinois b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 45 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta	
		d. STREET ADDRESS M.R. (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle)	c. (Last) MITCHELL Jr.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 6 1949
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 14, 1929	9. AGE (In years last birthday) 20	# UNDER 1 YEAR Months	# UNDER 2 HRS. Days	# UNDER 15 MIN. Hours	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High school										

13a. FATHER'S NAME George Mitchell Sr.	13b. MOTHER'S MAIDEN NAME Hazel	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 356-20-3427	17. INFORMANT'S SIGNATURE OR NAME George Mitchell, Jr.	ADDRESS St. Sparta, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease		
	DUE TO (c)		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) St. Sparta, Randolph, Ill.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H/6X
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22. I hereby certify that I attended the deceased from **Aug. 23, 1949**, to **Oct. 6, 1949**, that I last saw the deceased alive on **Oct. 6, 1949** and that death occurred at **9:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.A. Brantly, M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 10/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-7-1949	24c. NAME OF CEMETERY OR CREMATORY Barnes Hospital	24d. LOCATION (City, town, or county) (State) Sparta, Randolph, Ill.
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DATE REC'D BY LOCAL REG. OCT 10 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL HOME OR PLACE OF BURIAL (Address) Rowland Mortuary Service, 4104 Manchester Ave., St. Louis 10, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed

Ronald O. Yalunke

Licensed Embalmer No. *3917*

P. O. Address *Atkins 10*

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.