

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2813
409

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brighton</u>	
c. LENGTH OF STAY (If this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>NORVAL</u>			b. (Middle) <u>Mitchell</u>		
c. (Last)			1. (Month) (Day) (Year)		
			<u>1-10-50</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-28-1887</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>assessor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>County officer</u>		11. BIRTHPLACE (State or foreign country) <u>Alton Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Jane M. Donald</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Norval Brighton Ill</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		sev. yrs.	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) <u>Hick</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1949, to 1-10, 1950, that I last saw the deceased alive on 1-10, 1950, and that death occurred at 4:18 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.R. Bradley</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>1/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brighton</u>	24d. LOCATION (City, town, or county) (State) <u>Ill</u>
DATE REC'D BY LOCAL REG <u>Jan 14 1950</u>	REGISTRAR'S SIGNATURE <u>B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>	

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 J. Allen Davis Jr

Licensed Embalmer No. 4253

P. O. Address. St Louis 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.