

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6522**
1279
Registrar's No.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6522 1279	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 wks		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		207	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 7 - 5733 Pamplin			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First)		b. (Middle) J.		c. (Last) MITCHELL	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8th, 1950	
8. DATE OF BIRTH Mar. 27, 1867		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 10 Days 11		IF UNDER 2 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elkton, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Mitchell		13b. MOTHER'S MAIDEN NAME Mary Gozans		14. NAME OF HUSBAND OR WIFE (late) Emma Mitchell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie C. Hall Box 609 Glencoe, Mo.			
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) Brain Injury, Brochiectasis, left femur, suffered when struck by automobile driven by one Charles Miller in front of about 6325 N. Lousseast about 6:00pm DUE TO Dec 23 1949. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000 Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 23 1949 6:00 p m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 68154 251			
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:52 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter P. ...				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/10/50		24c. NAME OF CEMETERY OR CREMATORY Smithton Cem.		24d. LOCATION (City, town, or county) (State) Smithton, Ill.	
DATE REC'D BY LOCAL REG. FEB 9 1950		REGISTRAR'S SIGNATURE J. B. Dosater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith 7450 Manchester Rd. Maplewood, Ill.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald O Yakuske

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

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.