

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31820

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8190

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</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>St. Louis</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY</u>		d. STREET ADDRESS (If rural, give location) <u>24 9545 So 2nd St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) c. (Last) <u>MITCHELL</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>28</u> (Year) <u>1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 14 - 1899</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sprayer</u>	11. BIRTHPLACE (State or foreign country) <u>Dyersberg Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <u>Hugh Mitchell</u>		
13b. MOTHER'S MAIDEN NAME <u>Martha Russell</u>		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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>P. Flora Mitchell</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <u>3545 So 2nd St</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis Legitans</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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? <u>H-201</u>	
22. I hereby certify that I attended the deceased from <u>APR 4</u> , 19 <u>46</u> , to <u>9/28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept. 28</u> , 19 <u>50</u> , and that death occurred at <u>4:50 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George M. Janala, M.D.</u>		23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery St. Louis Mo.</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>SEP 28 1950</u>	REGISTRAR'S SIGNATURE <u>J.B. Baxter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.W. McLaughlin</u>	
		ADDRESS <u>2301 Lafayette</u>	

67-1007, 12

7-1-22 P

nil

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 *A. G. Jarvis*

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *A. G. Jarvis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.