

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43762**
Registrar's No. **10262**

FILED JAN 18 1951
BIRTH NO. **8706A-50** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY White	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 1113 Delaware Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ARTHUR c. (Last) MIKKELSON, JR			4. DATE OF DEATH (Month) (Day) (Year) 11-30-1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N	
8. DATE OF BIRTH 11-27-1950		9. AGE (In years last birthday) 2		IF UNDER 1 YEAR 2 IF UNDER 2 HRS. 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Arthur Mikkelson		13b. MOTHER'S MAIDEN NAME Lucille Wollmershauser.		14. NAME OF HUSBAND OR WIFE	
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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 Mrs. Lucille Mikkelson, above	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tentorial tear		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) due to precipitate delivery.					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
11. 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 type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 7600	

22. I hereby certify that I attended the deceased from **11-27-1950**, to **11-30, 1950**, that I last saw the deceased alive on **11-29, 1950**, and that death occurred at **4:45A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jay B. Smith		23b. ADDRESS 1504 So Grand Ave		23c. DATE SIGNED 12-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-2-50		24c. NAME OF CEMETERY OR CREMATORY Wachulla Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					

DATE REC'D BY LOCAL REG. DEC 2 1950		REGISTRAR'S SIGNATURE Jay B. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood 17, Mo.	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.