

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21344

State File No. 5515

FILED JUN 29 1951

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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2 16 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor 3400 S. Grand Blvd.				d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd.			
3. NAME OF DECEASED (Type or Print) Thomas Mitchell			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 12, 1877	9. AGE (In years last birthday) 74	10. MONTHS 0	11. YEARS 4	12. HOURS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Marshall Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Mitchell		13b. MOTHER'S MAIDEN NAME Isabelle Grogan		14. NAME OF HUSBAND OR WIFE Lydia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sister Henry			
				ADDRESS 3400 S. Grand Blvd.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardio-Sclerosis Coronary Arteriosclerosis DUE TO (b) _____ DUE TO (c) Chronic Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs 3 yrs	
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? H 701			
22. I hereby certify that I attended the deceased from June 15, 1951 , to June 16, 1951 , that I last saw the deceased alive on June 15, 1951 , and that death occurred at 8 pm m., from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or Title) John H. Gebken				23b. ADDRESS 607 16 Grand		23c. DATE SIGNED 7/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/19/51	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. JUN 18 1951		REGISTRAR'S SIGNATURE J. B. Carter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.			

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 Herman A Gebken

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois Ave.

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.