

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31264

State File No.

FILED OCT 4 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 315

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Farminston, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>8 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4246 Clay Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July/21/1875</u>		9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>2</u> YEARS <u>3</u> IF UNDER 1 YEAR Hours <u>3</u> Mins.	
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>Saleswoman</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Goldkamp</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joseph Goldkamp</u>	
				ADDRESS <u>St. Louis, Mo. 7217 Amherst Ave</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis - - - - - instantaneous</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown.</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					
		DUE TO (c) <u>Fractured right hip and senile psychosis.</u>					
		II. 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 <u>4200 F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Hospital Ward</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington St. Francois Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 18, 1951 5P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell when chair slipped from under her.</u>			

22. I hereby certify that I attended the deceased from August 12, 1950, to Sept. 24, 1951, that I last saw the deceased alive on Sept. 24, 1951, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Brennan M.D.</u>		(Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>9-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/27/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Ether P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc, 2161 E. Fair Ave. St. Louis, Mo.</u>			

DISTRICT HEALTH OFFICE No. 4
The No. DEC 28 1951

OCT 2 1951

RECEIVED

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

Harold G. Burnley

Licensed Embalmer No. *4202*

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.