

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22390

State File No.

FILED JUL 9 1952

318

1003

Registrar's No. 5849

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place) 40-hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

2049

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

d. STREET ADDRESS (If rural, give location) 1320 Childress

3. NAME OF DECEASED (Type or Print)

a. (First) Mary

b. (Middle) P.

c. (Last) Mitchell

4. DATE OF DEATH

(Month) (Day) (Year) 6-22-52

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH

3-17-86

9. AGE (In years last birthday) 66

IF UNDER 1 YEAR Months 3

IF UNDER 6 HRS. Days 5 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

William Garvey

13b. MOTHER'S MAIDEN NAME

Ann Casey

14. NAME OF HUSBAND OR WIFE

George Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William Mitchell, 2626 Lyle Ave.

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)

ANTECEDENT CAUSES

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.

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

X days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

H500

22. I hereby certify that I attended the deceased from 6-20-52, 19__, to 6-22-52, 19__, that I last saw the deceased alive on 6-22-52, 19__, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

James J. Baughman M.D.

23b. ADDRESS

1325 S. Grand, St. Louis 4, Mo.

23c. DATE SIGNED

6/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 25, 1952

24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis, Mo.

DATE REC'D BY LOCAL

JUN 23 1952

REGISTRAR'S SIGNATURE

J. C. Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Arthur J. Norwell

ADDRESS

3840 Lindell Blv

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm S. [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles

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.