

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29821

State File No.

FILED SEP 3- 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7641

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7641				
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 2259		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 25 1105 Carr St.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital										
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle)		c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) August 8, 1952		
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15, 1880		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 72 6 23		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10b. KIND OF BUSINESS OR INDUSTRY Cox & Gordon Packing Co.			11. BIRTHPLACE (State or foreign country) Alton, Ill. /			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joe Mitchell			13b. MOTHER'S MAIDEN NAME Emmaline Thornton			14. NAME OF HUSBAND OR WIFE Rosie Mitchell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Joe Mitchell 4404 St. Ferdinand						
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diverticulosis of Sigmoid Colon INTERVAL BETWEEN ONSET AND DEATH. Undetermined ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) 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						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5721						
22. I hereby certify that I attended the deceased from July 14, 1952, to Aug. 8, 1952, that I last saw the deceased alive on Aug. 8, 1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.										
23a. SIGNATURE M. J. Reid				(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED August 9, 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.				
DATE REC'D BY LOCAL REG. Aug 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE C. T. Nash			ADDRESS 3847 Page		

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C. T. Nash

Signed.....

Student Embalmer

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.