

FILED OCT 1 1952

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8711**

3

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2119</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>En route to City Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Amos</b>		b. (Middle)		c. (Last) <b>Mitchell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>13 September 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>13 Jan 1934</b>	
9. AGE (In years last birthday) <b>18</b>		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>Tenn</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery store</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>	

13a. FATHER'S NAME <b>George Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Mitchell</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Martha J Mitchell</b>	
ADDRESS <b>4566 St. Ferdin</b>					

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured spleen suffered when deceased was run over by car</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>being driven by one Vertella Stevens (Cal.) which deceased was lying in the street in front of 4117 N. Taylor Ave around 2:00 AM. Sept 13, 1952</b>					
		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 <b>000</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9/13/52 2:00 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>See Above E 8124</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:27A m.**, from the causes and on the date stated above. **25**

23a. SIGNATURE <b>Charles E Taylor, Embalmer</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>9/17 52</b>	
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24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>9/20/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 17 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b>		ADDRESS <b>4247/w Labadie Ave</b>	
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28B

(Licensed Embalmer's Statement on Reverse Side)

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.....

*John K. Cunningham*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4476*

P. O. Address *4223 Enright 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.