

FILED SEP 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 05246
Registrar's No. 8445

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **3624 S. Compton Ave.**

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**
d. STREET ADDRESS (If rural, give location) **3624 S. Compton Ave.**

3. NAME OF DECEASED
a. (First) **JAMES**
b. (Middle) **MITCHELL**
c. (Last) _____
d. DATE OF DEATH (Month) (Day) (Year) **Sep. 7 1952**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**

8. DATE OF BIRTH **Oct. 14, 1908** **9. AGE** (In years last birthday) **43**
If under 1 year: Months _____ Days _____
If under 24 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Parts Manager-Swetham Motors Co.**
10b. KIND OF BUSINESS OR INDUSTRY **St. Louis, Mo.**

11. BIRTHPLACE (City and State or Foreign Country) _____
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Edward Mitchell** **13b. MOTHER'S MAIDEN NAME** **Rose LeRose** **14. NAME OF HUSBAND OR WIFE** **Edith Mitchell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War 2**
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Edith Mitchell** **ADDRESS** **3624 S. Compton Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **acute heart failure**
ANTECEDENT CAUSES **Coronary atherosclerosis**
Due to (b) **Coronary Thrombosis**
Due to (c) **none**
2. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **none**

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?** **4201**

22. I hereby certify that I attended the deceased from **9/4, 1952** **to** **9/7, 1952**, **that I last saw the deceased alive on** **9/7, 1952**, **and that death occurred at** **3:05 P.M.**, **from the causes and on the date stated above.**

23a. SIGNATURE _____ (Degree or title) **23b. ADDRESS** **4952 Maryland Ave** **23c. DATE SIGNED** **9/8/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **Sep. 10, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Lakewood Park Cem.** **24d. LOCATION (City, town, or county) (State)** **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **SEP 8 1952** **J. Carl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Kriegshauser** **ADDRESS** **4228 S. Kingshighway Bl.**

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 Edwin A. McNeenath

Licensed Embalmer No. 3024

P. O. Address _____

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.