

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12040**
Registrar's No. **3408**

FILED APR 10 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 WKS		e. STREET ADDRESS (If rural, give location) 23 2218 S. 4TH ST. 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			
3. NAME OF DECEASED (Type or Print) Joannette		a. (First) A.	b. (Middle) MITCHELL
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MARCH 28, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 8 1907
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MICHAEL BAUMAN		13b. MOTHER'S MAIDEN NAME MARIA MAGDALENE LINK	14. NAME OF HUSBAND OR WIFE WILLIAM MITCHELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WILLIAM MITCHELL
16. SOCIAL SECURITY NO. NONE		ADDRESS 2218 S. 4TH ST.	
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) syphilis ANTECEDENT CAUSES DUE TO (b) bilateral hydrocephalus DUE TO (c) Carcinoma of cervix. 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 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? 171X			
22. I hereby certify that I attended the deceased from 2-13-53 , 19___, to 3-28-53 , 19___, that I last saw the deceased alive on 3-28-53 , 19___, and that death occurred at 7:15P m., from the causes and on the date stated above.			
23a. SIGNATURE Alon Hattery		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 3-30-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APR. 1, 1953	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	
DATE REC'D BY LOCAL REG. MAR 30 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ruts		ADDRESS 2906 Branno	

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
Signature of Student Embalmer

Signed *Leo J. Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.