

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16019**

FILED **MAY 14 1953**

4430

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN St. Louis)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) #5 Willmore Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Mr. George b. (Middle) W. c. (Last) Mitsch		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Amer. Car & Fdy. Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
13a. FATHER'S NAME George Mitsch		13b. MOTHER'S MAIDEN NAME Agnes Unknown		14. NAME OF HUSBAND OR WIFE Ethel M. Mitsch
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 Ethel M. Mitsch #5 Willmore Rd.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphatic leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 mo. 1 hr.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None. 2040
22. I hereby certify that I attended the deceased from March 20, 1953 , to April 29, 1953 , that I last saw the deceased alive on April 28, 1953 , and that death occurred at 2:15 a.m. , from the causes and on the date stated above.				
22a. SIGNATURE (Degree or title) Robert C. Meigs, M.D.		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 4/29/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1953		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. APR 30 1953		REGISTRAR'S SIGNATURE Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 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. M. Bennett

Licensed Embalmer No. *3074*

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.