

No. 300
10.48

FILED JAN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. **3586**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 49

I. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL KOCH c. LENGTH OF STAY (in this place) 45 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSP

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 2119
 d. STREET ADDRESS (If rural, give location) 4478 Cook 1

3. NAME OF DECEASED
 a. (First) JAMES b. (Middle) GLASPER c. (Last) MITCHELL d. DATE OF DEATH (Month) (Day) (Year) JAN 3 1954

5. SEX M **6. COLOR OR RACE** N **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) DIVORCED 3 **8. DATE OF BIRTH** NOV 18 1889 **9. AGE** (In years last birthday) 64 **IF UNDER 1 YEAR** Months _____ **IF UNDER 11 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL **10b. KIND OF BUSINESS OR INDUSTRY** NONE **11. BIRTHPLACE** (City and State or Foreign Country) CONCORDIA PARISH LOUISIANA **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME CHARLES MITCHELL **13b. MOTHER'S MAIDEN NAME** MARY HALBERTON **14. NAME OF HUSBAND OR WIFE** MAUDE STONE

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.** 487-22-5340 **17. INFORMANT'S SIGNATURE OR NAME** Robert Koch Hosp **ADDRESS** Hospital Road

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis
 ANTECEDENT CAUSES _____
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS:
 Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH
Hours?

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?** _____

22. I hereby certify that I attended the deceased from NOV 14 1952, to JAN 3 1954, that I last saw the deceased alive on JAN 3 1954, and that death occurred at 10.03A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O Frank Cohen M.D. **23b. ADDRESS** Robert Koch Hosp. Koch MO **23c. DATE SIGNED** Jan 4/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 1/7/1954 **24c. NAME OF CEMETERY OR CREMATORY** Washington Park Cemetery **24d. LOCATION** (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 1-6-54 **REGISTRAR'S SIGNATURE** Herbert R. Domb M.D. **25. FUNERAL DIRECTOR'S SIGNATURE** Charles J. Gates **ADDRESS** 4107 Finney Ave.

SW (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Albion

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.