No. 300
10.48

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

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6581

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2106

1. PLACE OF DEATH
a. COUNTY: City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 12, Mo.
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Res. 6227 McPherson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2059
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 6227 McPherson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Mr. Glenn
b. (Middle): Dean
c. (Last): Mitchell

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1954

5. SEX: M. 0

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1891

9. AGE (In years last birthday): 62
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): Mechanical Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Paris, Monroe Co., Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Guy Mitchell

13b. MOTHER'S MAIDEN NAME: Kate Elmo Poage

14. NAME OF HUSBAND OR WIFE: Claire MacGillivray Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 322-03-9869

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Claire M. Mitchell 6227 McPherson

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden Death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis — Unknown

DUE TO (c)

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO

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) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

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22. *I hereby certify that I attended the deceased from* Jan 5, 1954, *to* 6 Mar, 1954, *that I last saw the deceased alive on* 6 Mar, 1954, *and that death occurred at* 1A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo Sollmann MD

23b. ADDRESS: 457 N. Kingshighway

23c. DATE SIGNED: 6 Mar 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Mar. 6, 1954

24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: MAR 8 1954

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Alexander & Sons, Inc. 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gottlieb Will call us
457 N.Kingshighway
FO 5308

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. Not Embalmed.

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 246

P. O. Address 61754

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.