

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1954

17429

State File No. _____
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1226

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY OR TOWN <u>Overland</u> <u>422</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3139 Coles</u>		e. STREET ADDRESS (If rural, give location) <u>3139 Coles</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>L.</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>22</u> <u>54</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>3-4-1876</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>18</u> IF UNDER 24 HRS: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Louis Mitchell</u> 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> 14. NAME OF HUSBAND OR WIFE <u>Bessie Mitchell</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>? UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Mitchell</u> ADDRESS <u>3139 Coles, Overland, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u>		DUE TO (b) _____		<u>unk</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>Local Registrar</u>		23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>5-28-54</u>	
24a. BURIAL (Specify)		24b. DATE <u>5-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-26-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home, Inc. 2820 Stoddard St.</u>	

520 (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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

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