

FILED NOV 22 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39034

State File No.

9824

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				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) 4 weeks		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 17 4211 Castleman Avenue				2179			
3. NAME OF DECEASED (Type or Print)			a. (First) ARTHUR		b. (Middle) MITCHELL		c. (Last)				
4. DATE OF DEATH			Month October		Day 26		Year 1954				
5. SEX Male		6. COLOR (OR RACE) White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb'y 5, 1864		9. AGE (In years last birthday) 90			
IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Manager			10b. KIND OF BUSINESS OR INDUSTRY Western Union Co.			11. BIRTHPLACE (City and State or Foreign Country) Macoupin County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Levi Mitchell			13b. MOTHER'S MAIDEN NAME Emily Brown			14. NAME OF HUSBAND OR WIFE Alexandria 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 Arthur Mitchell Jr, Tomah, Wisconsin.			ADDRESS		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterio-septal Myocardial Infarct				INTERVAL BETWEEN ONSET AND DEATH Several hrs.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Occluded Left anterior Coronary Ar.				"			
				DUE TO (c) Generalized Arteriosclerosis				Several yrs.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Hemiplegia				1 Mo.			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None			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? 4201					
22. I hereby certify that I attended the deceased from 9-28 , 19 54 , to 10-26 , 19 54 , that I last saw the deceased alive on 10-26 , 19 54 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE a. Steiner					(Degree or title) MD		23b. ADDRESS 634 N. Grand St		23c. DATE SIGNED 10-29-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. OCT 29 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave.					ADDRESS	

-9- (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUL 10 1956

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 *John J. Harris*.....
Licensed Embalmer No. 4108

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.