

FILED APR 4 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10488

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 6252

| | | | |
|---|--|---|---|
| 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 town) <u>CLAYTON</u> | | c. LENGTH OF STAY (in this place) <u>14 HRS.</u> | c. CITY OR TOWN <u>WEBSTER GROVES</u> ⁴⁶⁰¹ |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u> | | STREET ADDRESS (If rural, give location) <u>504 GRAY AVE.</u> | |

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|---|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>MITCHELL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 19 1955</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>MAY 10, 1877</u> | | 9. AGE (In years last birthday) <u>77</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(WORK) RETIRED</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER GROVES, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>JOHN S. MITCHELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH NICHOLS</u> | | 14. NAME OF HUSBAND OR WIFE <u>MAY ROGERS MITCHELL</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>490-14-6744</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs May R. Mitchell 504 Gray Ave</u> | |

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|---|--|---|--|----------------------------------|--|
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | 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. | | | |

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|---|--|--|--|--|--|
| 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) <u>4200</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 3-18-, 1955, to 3-19-, 1955, that I last saw the deceased alive on 3-19-, 1955, and that death occurred at 12³⁰ p.m., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Joseph G. Ernst M.D.</u> | | 23b. ADDRESS <u>601 S. Brentwood Clayton 5th</u> | | 23c. DATE SIGNED <u>3-19-55</u> | |
| 24a. BURIAL (PREMATION REMOVAL) (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-22-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD, MO.</u> | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3/21/55</u> | | REGISTRAR'S SIGNATURE <u>Hebe R. Stenberg</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME 73 W. LOCKWOOD AVE WEBSTER GROVES MO.</u> | |
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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 *J. Wm. Bumbley*.....

Licensed Embalmer No. *365*

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.