

XC-18 406 030

Reg. #8570 FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20251

BIRTH NO. ST. #2930

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5268

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>TOWN 915 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>28 days</b>		e. STREET ADDRESS (If rural, give location) <b>20 2623 Baldwin</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JIMMIE</b> b. (Middle) <b>L.</b> c. (Last) <b>MITCHELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/17/07</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Houseman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bell, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Issac Mitchell</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Pearl</b>	14. NAME OF HUSBAND OR WIFE <b>Annie Bell Mitchell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>	16. SOCIAL SECURITY NO. <b>490-12-6845</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, St. Louis, Mo.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INANITION</b>		<b>UNK</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARCINOMA OF PANCREAS WITH METASTASES</b> DUE TO (c) - - - - -		<b>UNK</b>
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>157X</b>
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22. I hereby certify that I attended the deceased from **5/18**, 1955, to **6/15**, 1955, and that death occurred at **1:50 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph T. Kaminskas</b>	23b. ADDRESS <b>M.D. VA Hosp., St. Louis, Mo.</b>	23c. DATE SIGNED <b>6-16-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/22/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks MO.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 17 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Wade Granberry</b>	ADDRESS <b>4202 Finney Ave</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Melvin E. Green*.....

Licensed Embalmer No. *44*.....

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.