

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20253**
Registrar's No. **4933**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 20253		Registrar's No. 4933		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN University City		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 St. Luke's Hospital				STREET ADDRESS (If rural, give location) 850 North McKnight Road						
3. NAME OF DECEASED (Type or Print)			a. (First) MOREH	b. (Middle) LUCKETT	c. (Last) MITCHELL	4. DATE OF DEATH (Month) (Day) (Year) 6 5 55				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 9, 1888		9. AGE (In years last birthday) 66		
						IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) real estate salesman				10b. KIND OF BUSINESS OR INDUSTRY Shaw-Breckler-Coleman		11. BIRTHPLACE (City and State or Foreign Country) New Hope, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas N. Mitchell			13b. MOTHER'S MAIDEN NAME Mattie Jane Luckett			14. NAME OF HUSBAND OR WIFE Louisa Shipp Mitchell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 496-28-6572		17. INFORMANT'S SIGNATURE OR NAME Louisa S. Mitchell				ADDRESS 850 N. McKnight Road	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma of lung.				INTERVAL BETWEEN ONSET AND DEATH 2 years						
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.				aneurism of aorta		1 year				
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) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 162X					
22. I hereby certify that I attended the deceased from July 36 , 19 36 , to June 5 , 19 55 , that I last saw the deceased alive on June 3 , 19 55 , and that death occurred at 9:45 Am. , from the causes and on the date stated above.										
23a. SIGNATURE H. L. Newman M.D. (Degree or title) _____				23b. ADDRESS 3720 Washington			23c. DATE SIGNED 6-6-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-7-55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. JUN 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,					

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 *Arnold W. Schoe*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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.