

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31756**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2215**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>St Louis</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St Louis</b>
c. LENGTH OF STAY (in this place) <b>DOA</b>		c. CITY OR TOWN <b>University City</b>	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: <b>DOA St. Louis Cty Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>840a Pennsylvania Ave</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Joan</b>	b. (Middle)	c. (Last) <b>Mitchell</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sep 21 1955</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>Mar 13 1875</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>	<b>10. AGE</b> (In years) <b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 1 HR.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ireland</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Thomas Canty</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bridget Delaney</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Bart Mitchell</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mildred Mitchell</b>	<b>ADDRESS</b> <b>840a Pennsylvania</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b>	<b>cerebral apoplexy</b>		<b>20 yrs</b>
<b>ANTECEDENT CAUSES</b>	<b>arterial hypertension</b>		<b>20 yrs</b>
<b>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</b>	<b>DUE TO (b)</b>		
<b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>	<b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b>	<b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Sept 15 to Sept 18, 1955, that I last saw the deceased alive on Sept 15, 1955 and that death occurred at 4:15 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	<b>23b. ADDRESS</b> <b>508 N. Hayes</b>	<b>23c. DATE SIGNED</b> <b>9/23/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Sep 24 55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>9-23-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>E. J. Schnur</b>	<b>ADDRESS</b> <b>3125 Lafayette</b>
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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.....  
*Thomas R. Lemrick*

Licensed Embalmer No.....*379*

P. O. Address.....*3125 Lough*

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.