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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35935

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9047

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Length of stay in 1b: 26 yrs 2 9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2141 Dickson St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Katie — Middle: — Last: Mitchell

4. DATE OF DEATH: Month 10 Day 1 Year 56

5. SEX: Female 3

6. COLOR OR RACE: Col.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: May 14 1905

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 4 Days 16 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (City and state or country): Macon, Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Dixon

14. MOTHER'S MAIDEN NAME: Phyllis ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-26-8836

17. INFORMANT: James Mitchell — Address: 2141 Dickson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Left Lobar Pneumonia, Hypertensive Cardiovascular Disease

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-29-56 to 10-1-56 and last saw her alive on 10-1-56
Death occurred at 1:00 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh Waters (Degree or title) M. D.

22b. ADDRESS: 2601 Whittier Street

22c. DATE SIGNED: 10-1-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct. 5, 1956

23c. NAME OF CEMETERY OR CREMATORY: Greenwood

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: J. H. RANDLE & SON — ADDRESS: 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.: OCT 3 1956

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. L.R.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4 4

P. O. Address 4181 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sigh in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.