

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1956

43000

STATE FILE NUMBER 10048

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10048

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hamp Phillips</i>			Length of stay in lb <i>26 9</i>		d. STREET ADDRESS <i>1328 Clara</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>KATIE</i> Middle <i>Mitchell</i> Last <i>Kennel</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>1</i> Year <i>1956</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>20 June 1924</i>		9. AGE (In years and birthday) IF UNDER 1 YEAR: Months <i>37</i> Days <i>37</i> IF UNDER 24 HRS.: Hours <i>37</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Gene Rontay</i>		11. BIRTHPLACE (City and state or country) <i>Little Rock, Ark</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>Charlie Mitchell</i>				14. MOTHER'S MAIDEN NAME <i>Fredonia Perkins</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, or unknown) (If wearing war, or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Dale Kennel</i>			Address <i>1328^a Clara</i>	
18. CAUSE OF DEATH [Enter only one cause per list for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sodium Fluoride;</i>								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		E 971.71			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Self administered, fract</i>						
20c. TIME OF INJURY Hour <i>?</i> Month <i>?</i> Day <i>?</i> Year <i>?</i> a. m. <i>?</i> p. m. <i>?</i>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>St Louis Mo</i>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>						
21. I attended the deceased from <i>1230 A</i> to <i>—</i> and last saw her alive on <i>—</i> Death occurred at <i>—</i> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Reginald J. Generals</i>				22b. ADDRESS <i>1300 Clara</i>			22c. DATE SIGNED <i>11/5/56</i>		
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE <i>7 Nov 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis Co., Mo</i>			
24. FUNERAL DIRECTOR <i>Reliable Funerals</i>				ADDRESS <i>1389 N Union</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 5 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Paul V. Freeman

Licensed Embalmer No. *16*

P. O. Address *729K*

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 sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.