

S. No. 300
Ev. 10.48

FILED APR 8 - 1957

STANDARD CERTIFICATE OF DEATH

State File No. 11492

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 805

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u> OR TOWN <u>7903</u>	
c. LENGTH OF STAY (in this place) <u>65 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>309 S Taylor Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 S Taylor</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>James</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1957</u>			
5. SEX <u>2</u> <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="radio"/> WIDOWED, <input type="radio"/> DIVORCED, <input type="radio"/> SEPARATED <u>Batchlor</u>	8. DATE OF BIRTH <u>Sept 25 1891</u>	9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yardman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Yards</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James M. Mitchell</u>	13b. MOTHER'S MAIDEN NAME <u>Meadie Huaton</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>Yes WorldWar #2</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Davis</u> ADDRESS <u>150 E. Monroe Ave</u>
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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, asthma, 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) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclorosis- generalized.</u> DUE TO (c) _____		
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4200</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-20, 1957, to 3-22, 1957, that I last saw the deceased alive on 3-20, 1957, and that death occurred at 4a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert A. Daisy M.D.</u>	23b. ADDRESS <u>126 E. Jefferson Kirkwood, Missouri</u>	23c. DATE SIGNED <u>3-25-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 27 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quinnett Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3-26-57 Herbert R. Somke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Hemphill 4088. FILLMORE Kirkwood 22. Mo.</u>
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(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

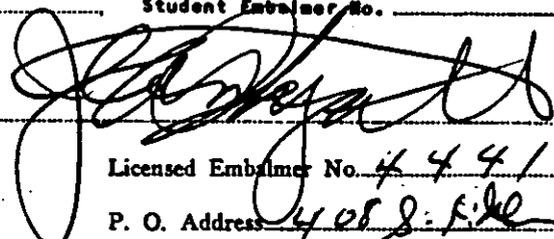
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4441

P. O. Address 408 S. F. Lane

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