

health, Welfare public service
 300 1-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

26380

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6385**

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 5438 Odell Ave.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS 5438 Odell Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GEORGE Middle F. Last MITCHELL		4. DATE OF DEATH Month July Day 8 Year 1957			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White <input checked="" type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1908		
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver - Metropolitan	10b. KIND OF BUSINESS OR INDUSTRY St. Louis		
11. BIRTHPLACE (City and state or country) Sewer Dist. Fraker, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME George Mitchell		14. MOTHER'S MAIDEN NAME Eleanor E. Trenshaw			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/> None		16. SOCIAL SECURITY NO. 498-09-3997	17. INFORMANT Address (Wife) Hilda Mitchell 5438 Odell Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Nephritis 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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 April 26-57 to July 8-57 and last saw him alive on July 5-57 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Otto C. Hansen M.D.		22b. ADDRESS 3012 Lafayette	22c. DATE SIGNED 7/9/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 10, 1957	23c. NAME OF CEMETERY OR CREMATORY New Picker Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. III 9 57	26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

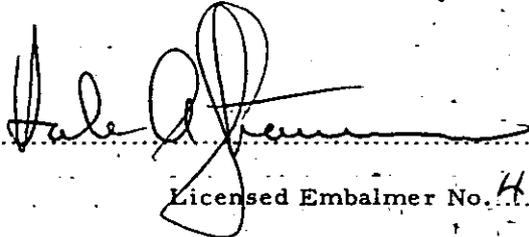
(Licensed Embalmer's Statement on Reverse Side)

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 
Licensed Embalmer No. 45

P. O. Address

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.