

Health,  
Welfare  
Public  
Service

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007587  
STATE FILE NUMBER  
1856

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

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH <i>Missouri Pacific Hospital Association, St. Louis, Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <i>STATE MISSOURI</i>	
a. COUNTY <i>St. Louis</i>		b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST LOUIS.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific Em Boyes Hosp's Association</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>219 Laclede Ave 3101</i>
3. NAME OF DECEASED (Type or print) <i>Rufus Mitchell</i>		4. DATE OF DEATH <i>February 14 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 9 1877</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pass. Coach Okla. R.R.</i>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <i>81 years</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Tenn.</i>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		17. INFORMANT <i>James McClellan-Chatanooga, Tenn.</i>	
16. SOCIAL SECURITY NO.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <i>Possible Congestion of Lungs</i>			
DUE TO (b) <i>Arterio Sclerotic Ht. Disease</i>			
DUE TO (c) <i>Atherosclerosis of Coronary Arteries</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((n)) <i>Possible Myocardial Infarction</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <i>420-1</i>		
20c. TIME OF INJURY Hour Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>Feb. 13 1958</i> to <i>Feb 14 1958</i> and last saw her alive on <i>Feb 14 1958</i> . Death occurred at <i>3:10 P.M. Feb 14 1958</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Charles Kromer, M.D.</i>		22b. ADDRESS <i>Missouri Pacific Hospital</i>	
22c. DATE SIGNED <i>2-17-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-17-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chatanooga, Tenn</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <i>A.L. Beal Und.-4303 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 17 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>

(Licensed Embolmer's Statement on Reverse Side)

S.P.

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 *John Cunningham*.....  
Licensed Embalmer No. *44*.....

P. O. Address *2405*.....

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.