

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016207  
State File No. ....

No. 300  
10-48

FILED MAY 8 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4411

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. LENGTH OF STAY (In this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 D.O.A. HOMER PHILLIPS		STREET ADDRESS (If rural, give location) 4339 Reo Enright	
3. NAME OF DECEASED (Type or Print) a. (First) David Lewis b. (Middle) c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) Apr 19 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 Mar 1917
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer	11. BIRTHPLACE (City and State Foreign Country) Ala
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clarence Mitchell	
13b. MOTHER'S MAIDEN NAME Lergina		14. NAME OF HUSBAND OR WIFE Mary Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Mary Mitchell		ADDRESS 4339 R Enright	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) An antecedent cause Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 6:00 pm., April 16 1958.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 19 58 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:20 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Quinn Deputy Registrar		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4/21/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24b. DATE April 25, 1958	
24c. NAME OF CEMETERY OR CREMATORY Huntsville, Ala.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. APR 23 58		REGISTRAR'S SIGNATURE Charles Smith Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Sys, Inc.		ADDRESS 1389N. Union	

(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 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. *468*

P. O. Address *4729 Na*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.