

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038039

STATE FILE NUMBER  
10224

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY <i>St. Clair</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		812 <sup>8</sup> CITY East St. Louis, OR 8 TOWN	
c. FULL NAME OF (If NOT in hospital, give location) 40 HOSPITAL OR INSTITUTION <i>St. Louis-Little Hosp., Inc.</i>		Length of stay in lb 18 hrs.		d. STREET (If outside, give location) ADDRESS 32 1004 North 3rd Street	

3. NAME OF DECEASED (Type or print) First Middle Last Riley Mite			4. DATE OF DEATH Month Day Year Oct. 23, 1958		
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5. SEX Male <i>2</i>	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Sulligent, Alabama /	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Jim Mite	13b. MOTHER'S MAIDEN NAME Ellen (Unknown)	14. NAME OF HUSBAND OR WIFE Alma Mite
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 702-12-5906	17. INFORMANT Alma Mite Address 1004 North 3rd St. E. St. Louis, Illinois
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro vascular accident		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) hypertension <i>331X</i>		
DUE TO (c) Generalized arteriosclerosis		
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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
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21. I attended the deceased from Oct. 23, 1958 to Oct 23, 1958 and last saw *him* live on Oct. 23, 1958  
Death occurred at 9:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles Kromet, M.D.</i> (Degree or title)	22b. ADDRESS 1755 S. Grand,	22c. DATE SIGNED 10/24/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/24/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
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24. FUNERAL DIRECTOR'S OFFICE ADDRESS <i>Funeral Home</i> St. Louis, Illinois.	25. DATE RECD. BY LOCAL REG. OCT 25 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Frank Pralkopf* .....

Licensed Embalmer No. *4356* .....

P. O. Address *St. Louis, Mo* .....

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.