Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041980

STATE FILE NUMBER 10395

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 3337 Laclede Ave. — Length of stay in 1b 41 Yrs. 22/90

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 [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 3337 Laclede Ave. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Charlie Middle Andrew Last Mitchell

4. DATE OF DEATH Month Oct, Day 27, Year 1958

5. SEX Male 2

6. COLOR OR RACE Col.

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Feb, 25, 1892

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 8 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country) Pulaski, Miss.

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Isaac Mitchell

13b. MOTHER'S MAIDEN NAME Pinkie Rosson

14. NAME OF HUSBAND OR WIFE Oceola Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 490-22-3715

17. INFORMANT Oceola Mitchell Address 3327 Laclede Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of the pancreas — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lobar pneumonia — 2 days
DUE TO (c) unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 4-4-58, to 10-27-58 and last saw her/him alive on 10-27-58
Death occurred at 9 p m m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry E. Lampton (Degree or title)

22b. ADDRESS 2328 Market Street

22c. DATE SIGNED 10-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov, 1, 1958

23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Wright Funeral Home ADDRESS 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG. OCT 3 1'58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Arthur L. Hillia

Licensed Embalmer No. 4221

P. O. Address 3100 Ea

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.