

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015439

STATE FILE NUMBER

2 3284

FILED APR 20 1959

Registration District No. Primary Registration District No. Registrar No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4139 Evans Ave. | | d. STREET ADDRESS (If outside, give location) 4139 Evans Ave. | |

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| 3. NAME OF DECEASED (Type or print) First CHARITY Middle Last MITCHELL | | | 4. DATE OF DEATH Month Mar. Day 31 Year 1959 | | |
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|---------------------------|---------------------------------|---|---|---|--|--------------------------------|
| 5. SEX Female 3 | 6. COLOR OR RACE Col. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 15, 1851 | 9. AGE (In years at birthday) 107 | IF UNDER 1 YEAR Months 11 Days 16 | 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) Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Columbus, Georgia | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME ? Taylor | 13b. MOTHER'S MAIDEN NAME Emily ? | 14. NAME OF HUSBAND OR WIFE ----- |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Emily Williams | Address 4139 Evans Ave. |
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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) Cardiac Infarct | | INTERVAL BETWEEN ONSET AND DEATH 3-27-59. |
| DUE TO (b) Arteriosclerotic Heart Disease | | |
| DUE TO (c) 420.0 | | Dec. 1958. |
| 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"/> |

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| 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. | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20e. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from Dec 29, '58 to 3-27-59 and last saw her alive on 3-27-59 . Death occurred at 12:00 m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) J. L. Sherard, M.D. | 22b. ADDRESS 2702 A FENKIN | 22c. DATE SIGNED 3-31-59. |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Apr. 6, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
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| 24. FUNERAL DIRECTOR J. H. RANDLE & SON | ADDRESS 3133 Bell Ave. | 25. DATE RECD. BY LOCAL REG. APR 2 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, Missouri State Health Department, St. Louis, Mo. All diseases in Part I must be causally related.

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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 *Esther K. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Washington*

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.