

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003828

FILED VS FEB 11 1960

2 243

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN Maplewood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute Incarnate Word		d. STREET ADDRESS (If outside, give location) 3526 Greenwood Bl	

3. NAME OF DECEASED (Type or print) First Mathew Middle C Last Mitchell			4. DATE OF DEATH Month Jan Day 7 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/22/22	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery & Meat		11. BIRTHPLACE (City and state or country) Kirkwood Mo	
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Mathew Mitchell		13b. MOTHER'S MAIDEN NAME Elizabeth ?	
14. NAME OF HUSBAND OR WIFE Vivian		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Vivian Mitchell		Address 3526 Greenwood Bl			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Subdural Hemorrhage caused by (fall) trauma to the back of his head.**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) slipped while descending steps in bathroom of home
20c. TIME OF INJURY Hour 11:30 a.m. Month, Day, Year 1 7 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3M Home
20f. CITY, TOWN, OR LOCATION Maplewood Mo		20g. COUNTY Mo
21. I attended the deceased from 1230 P. and last saw her/him alive on _____		
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE S. Patrick Taylor (Degree or title)	22b. ADDRESS 1300 Clark Ave	22c. DATE SIGNED 1-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/11/60	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem
23d. LOCATION (City, town, or county) St Louis County Mo		

24. FUNERAL DIRECTOR Moydell Funeral Home	ADDRESS 1926 Allen	25. DATE RECD. BY LOCAL REG. JAN 8 1960	26. REGISTRAR'S SIGNATURE Earl Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur F. Jaeger Jr.

Licensed Embalmer No. 4950

P. O. Address St Louis

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.