

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036512
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9098

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 28 1962		1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b <u>60 YRS.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1607-NO-18TH ST</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1607-NO-18TH ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH-CHROSATIN-MITCHELL</u>			4. DATE OF DEATH Month Day Year <u>SEPT. 19TH 1962</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>10-18-1886</u>		9. AGE (last birthday) <u>75 YRS</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED! HOTEL-CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>STAG-PACIFIC-HOTEL</u>		11. BIRTHPLACE (City and state or country) <u>PADUCAH - KY.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>UNKNOWN</u>		
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>LOUISE-MITCHELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES #2-18703-27-19</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>LOUISE-MITCHELL-1607-NO.18TH-ST</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Embolized Arteriosclerosis</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4500</u>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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. _____		20d. INJURY OCCURRED WHILE AT WORK <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 _____	
21. I attended the deceased from <u>Sept. 19, 1962</u> to <u>Sept. 19, 1962</u> and last saw her/him alive on <u>Sept. 14, 1962</u> Death occurred at <u>1:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. F. Sanders, M.D.</u>			22b. ADDRESS <u>1511r. Clark Av</u>		22c. DATE SIGNED <u>9-20-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>SEP. 21-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL-CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>JEFFERSON-BKS. MO.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Brockland Und Co. 1827-HOGAN-ST</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 20 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>					

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

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MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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Ex Amblers 2 to 5

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 Edouard Peneloux

Licensed Embalmer No. 4283

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.