JAN 10 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

43672
Do not use this space.

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1003 1

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 11922
(c) City ST. LUKES HOSPITAL (d) Street No. DELMAR BLVD. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY LEE MITCHELL,
(a) Residence, No. 5540 DELMAR BLVD. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1892 ~~DEC 25, 1937~~

7. AGE: YEARS 45 MONTHS 6 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NURSE
9. Industry or business in which work was done, as saw mill, bank, etc. CENTRAL DIRECTORY
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation ..... 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISIANA, MO.,

FATHER
13. NAME FRANK MITCHELL,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.,

MOTHER
15. MAIDEN NAME MARY LEE,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.,

17. INFORMANT (ADDRESS) LEE F. MITCHELL 5319 CABANNE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE DEC. 28, 1937

19. FUNERAL DIRECTOR (ADDRESS) PEETZ BROS., 3029 LAFAYETTE

20. FILED DEC 27 1937 J. H. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to Dec 25, 1937
I last saw him alive on Dec 25, 1937. Death is said to have occurred on the date stated above, at 8:30 pm.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | before Dec 7 1936 |

Other contributory causes of importance: 46

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W. S. Brown, M. D.
(Address) 40 S. Wall Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. H. S. Brown
3903 Olive
Je. 5600

11 to 1

Res. 556 Bedford
Ca. 1066

Drs. Exchange
Gr. 6080

## STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank I. Owens

Licensed Embalmer No. 2245

**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.)**