

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

558
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **DePaul Hospital** St. **Mo.**
 (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 **Robert F. Mitchell 324**

(a) Residence, No. **7134 Northmoor Drive** St. **NR** **Clayton, Mo.**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 26th, 1870**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
67	67	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Fuel Oil Salesman**

9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER

13. NAME **William I. Mitchell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Emma Mitchell**
7134 Northmoor Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **Jan. 13th, 38**

19. FUNERAL DIRECTOR (ADDRESS) **Wrethmann Naval**
1905 Union Blvd

20. FILED **JAN 12 1938** **J. F. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 11th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7, 1938** to **Jan 12, 1938**
 I last saw ~~him~~ **her** alive on **Jan 10, 1938** Death is said to have occurred on the date stated above, at **3:15 A.M.**
 The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
Right Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation **no** 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) **Eugene J. Smalley**, M. D.
 (Address) **Union Pacific Bldg**

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.

3-6
The State of Ohio

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Stanley A. Carver

Licensed Embalmer No. *3534*

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.)