

FEB 16 1938

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

4228
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 96
 (b) Township ST. FERDINAND Primary Registration District No. _____ Registered No. 231
 (c) City _____ (d) Street No. HAIRMORE MO ST. LOUIS CO. 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 1 yrs. 2 mos. 6 da. (f) How long in U. S., if of foreign birth? 1 yrs. 2 mos. 6 da.

2. PRINT FULL NAME ROY MITCHELL

(a) Residence, No. HAIRMORE MO BADEN STATION R. 3 St. (If nonresident, give city, or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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) Nov. 28-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 3 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) ST. LOUIS CO. MO.

FATHER 13. NAME ROY MITCHELL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS CO. MO.

MOTHER 15. MAIDEN NAME MARGARET KNOBBE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS CO. MO.

17. INFORMANT MARGARET KNOBBE (ADDRESS) HAIRMORE MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE FEB. 5, 1938

19. FUNERAL DIRECTOR FRIEDRICH FUNERAL HOME (ADDRESS) 8519 HALLS FERRY RD.

20. FILED 2-3 1938 M. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1938, to Feb 3, 1938, 1938
 (last saw her alive on Feb. 3, 1938 Death is said to have occurred on the date stated above, at 5:20 m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar Left Lung Date of onset 1-28
Measles dent know
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____ (Signed) J. M. Corneille, M. D.
 (Address) 5015 a grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS SHOULD state CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Arthur R. Dieckrich, Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur R. Dieckrich

8319 Halle Berry E

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Arthur R. Dieckrich

Licensed Embalmer No. 3556

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.)