

No. 2
1-13-40
-17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8841
2251

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5246 Neosho Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULLNAME Mary Mitchell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late James B. Mitchell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5th 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>4</u>	hr. _____ min.

9. Birthplace Irondale Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick McMahon

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Shields

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Mitchell

(b) Address 5246 Neosho Ave.

17. (a) Burial (b) Date thereof 3-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo.

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 11 1941 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 5246 Neosho Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1941 hour 2:45 minute A.M. M.

21. I hereby certify that I attended the deceased from 3-6-41, 19____, to 3-9-45, 19____;
that I last saw her alive on 3-9-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage (parietal lobe)

Due to _____

Due to arterio-sclerotic changes (years)

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy 42

Duration _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature O. C. [Signature] (M. D. or other) _____

Address 4523 S. Kingshighway Date signed 3/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
7
9

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.....

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

Signed *Remond J. Lohman*

Licensed Embalmer No. *3395*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.