

S. No. 2
M-1-4-41
v. 5-17-39
X25390

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS
FILED MAR 17 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

4718
State File No. _____
Registrar's No. 1116

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthonys Hospital
(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 FULL NAME Bertha A. Mitchell
3. (b) If veteran, name was none 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nicholas Mitchell 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January 18 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____
12. Name Kamber
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Nicholas P. Mitchell
(b) Address 8929 Lawn Ave Brentwood, Mo.

17. (a) Removal (b) Date thereof 2-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Ind

18. (a) Signature of funeral director Louis N. Goff
(b) Address Kirkwood, Mo.

19. (a) FEB 16 1942 (b) J. F. Mueck
(Date of filing of certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8929 Lawn Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 15, year 1942 hour 2:25 PM minute _____ M.
21. I hereby certify that I attended the deceased from Jan 22 1942 to Feb 15 1942
that I last saw her alive on Feb 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma left Pleura + abdomen
Due to _____

Due to Primary in left breast

Other conditions empyema left
(Include pregnancy within 3 months of death)

Major findings: Of operations 50
Of autopsy confirmed

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter M Jones (M.D. or other) _____
Address 3400 meranda Date signed 2/16/42

Duration months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MAY 10 1944

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 Louis H Bopp, Registered Apprentice No. _____ working under my personal supervision.

Signed Louis H Bopp
Licensed Embalmer No. 921
P. O. Address Kirkwood, 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 this body is not embalmed, fact should be so stated above.