

FILED AUG 25 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6820

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: Park Lane Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 25 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
 (c) City or town Ferguson
(If outside city or town limits, write "RURAL")
 (d) Street No. Old Florissant Road.
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rose Mary Mitchem.

3. (b) If veteran, name war None
 3. (c) Social Security No. 493-09-1033

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

6. (b) Name of husband or wife Homer Mitchem.
 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct. 12, 1907.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>9</u>	<u>29</u>	hr. min.

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

10. Usual occupation Punch Press Operator.

11. Industry or business Loose Leaf Metals Co.

12. Name John P. Schyros.

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

14. Maiden name Corae Goodman.

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

16. (a) Informant Homer Mitchem
 (b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof Aug. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of James J. Schyros
 (b) Address 1451 Union Blvd.

19. (a) AUG 13 1942 (b) Prof. J. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
 year 1942 hour 9 minute 55 p. m.

21. I hereby certify that I attended the deceased from July 2
 1942 to Aug 11 1942

that I last saw him alive on _____ 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis & acute myocardial infarction

Due to Thyroidectomy

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy _____

Duration 2 hrs
 PHYSICIAN _____
 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Wm. A. Wright (M. D. or other)
 Address 820 N. Broadway St. Louis Date signed 8/14/42

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

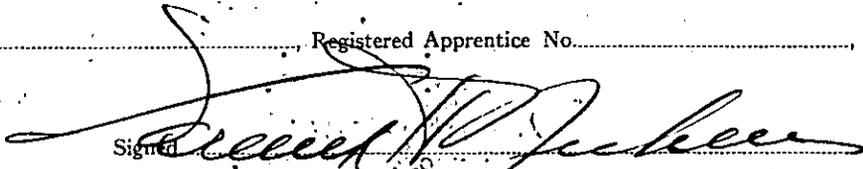
18

Dr W-H N N 1841
8201-N Bldg 3-5 PM

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.....
.....
..... working under my personal supervision.

Signed



Registered Apprentice No.....

Licensed Embalmer No.....

3915

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.