

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9156

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 0

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BETHESDA GEN. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 44 HRS.
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 917
(d) Street No. 2912 GEYER AVE.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT S. MITCHELL

3. (b) If veteran, name war _____ 3. (c) Social Security 511-10-1711

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. IDA MAE MITCHELL 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. 6 - 17 - 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation ENGINEER

11. Industry or business _____

12. Name OTIS MITCHELL
13. Birthplace MD. (State or foreign country)
14. Maiden name JUDITH ANN STEVENS
15. Birthplace MD. (State or foreign country)

16. (a) Informant IDA MAE MITCHELL
(b) Address 2912 GEYER

17. (a) Removal (b) Date thereof Nov 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburgh Kansas

18. (a) Signature of funeral director. Paez Brothers
(b) Address 3029 Lafayette Ave

19. (a) NOV 3 1942 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER Day 2ND
year 1942 hour 12 minute 45 PM.

21. I hereby certify that I attended the deceased from 11/1 1942 to 11/2 1942
that I last saw him alive on 11/1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage 48 hours
Due to gastric ulcer
attacks for 20 years

Other conditions (Include pregnancy within 3 months of death) 11/1

Major findings: Of operations 11/1

Of autopsy _____

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 0

23. Signature Howard P. Peneak (M. D. or other) MD
Address 4660 Moyland Date signed 11/2/42

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

MOTHER FATHER

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 Frank J. Jones

Licensed Embalmer No. 7245

P. O. Address St. Louis, 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.