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5-17-39
D1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 24 1947

STANDARD CERTIFICATE OF DEATH

State File No. 11299

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2466

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: Maryville College - 2900 Meramec
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs.
In this community 13 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 15/17
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 Meramec St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sister Mary Mitchell

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0

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

7. Birth date of deceased: May 25th., 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 14 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Religious

11. Industry or business

MOTHER FATHER

12. Name Edward Mitchell

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Teresa Cromwell
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mother Gilmore

(b) Address 2900 Meramec St.

17. (a) Burial (b) Date thereof 3-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 10 1947 J. P. Reeseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1937 to 3-9 1947
that I last saw her alive on 3-8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis 3 yrs.

Due to

Due to

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

Major findings: Of operations
Of autopsy

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 J. T. Jones (M. D. or other)

Address 16340 Grand Blvd Date signed 3-9-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address: 3840 Hindell

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.