FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 6 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21554
Primary Registration District No. 3066
Registrar's No. 1407

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 S. Taylor 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 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No. 309 S. Taylor Ave (If rural, give location) 3
(e) Citizen of foreign country? U.S.A. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Medea Mitchell
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 1 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79	1	31	..... hr. ..... min.

9. Birthplace St. James (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name ? Houston
13. Birthplace St. James (City, town, or county) MO. (State or foreign country) 0

MOTHER
14. Maiden name Martha Parker
15. Birthplace St. James (City, town, or county) MO. (State or foreign country) 0

16. (a) Informant Harry Mitchell
(b) Address 309 S. Taylor Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 1948 (Day) (Year)
(c) Place: burial or cremation Quinnett Cemetery
18. (a) Signature of funeral director John W. Hemphill
(b) Address 408 S. Filmore Ave Kirkwood
19. (a) 6-5-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) HSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1948 hour 11.30 minute P. M.
21. I hereby certify that I attended the deceased from 4-29 1948, to 6-2 1948, that I last saw her alive on 6-2 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to 93d	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature Royal C. Medeam MD (M. D. or other)
Address Kirkwood Mo Date signed 6-3-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A FAIR

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 T. E. Cooper, Registered Apprentice No. 505 working under my personal supervision.

Signed James Dyatt

Licensed Embalmer No. 44[illegible]

P. O. Address 2829 Washing

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.