

No. 300
-10-47
5-17-39
I 3906

FILED OCT 9 1948 318
Registration District No.

Primary Registration District No. 100's

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:
1421 East Grand Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 East Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CORA MAY MITCHELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas F. Mitchell, Sr. 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 26, 1886 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business -----

12. Name William Sheppard

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

14. Maiden name Emma Ervin

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

16. (a) Informant Mr. Thomas F. Mitchell, Sr.

(b) Address 1421 East Grand Blvd.

17. (a) Burial (b) Date thereof 10-1-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. A. Stack

(b) Address 2117 East Grand Blvd.

19. (a) SEP 30 1948 J. F. Breeseck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 29th year 1948 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 2 1947 to Sept 29 1948 that I last saw him alive on Sept 29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Breast Duration 1 year

Due to -----

Due to -----

Other conditions: (Include pregnancy within 3 months of death) 50

Major findings: Of operations 10:13:47 Carcinoma Dr. John Holz (Surgeon) Deaconess Hospital St. Louis Of autopsy me

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) Means of injury

23. Signature Vincent Townsend (M. D. or other) M.D.

Address 3101 Sutter ave Maplewood Mo Date signed 9-29-48

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 A. Moore

Licensed Embalmer No. *304-1*

P. O. Address *2117 E. Grand*

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.