

FILED DEC 17 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

43285

04655

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson</u>		
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>Hall and Fee Fee Rds.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hall & Fee Fee Rds.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Mitchell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 1 1872</u>	9. AGE (In years last birthday) <u>77</u> If UNDER 1 YEAR Months <u>1</u> Days <u>8</u> If UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Columbus, Miss. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nadine Mitchell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nadine Mitchell Los Angeles, Cal</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
19a. DATE OF OPERATION <u>May 12, 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Nov 13</u> , 19 <u>48</u> , to <u>Dec 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>49</u> , and that death occurred at <u>4:00</u> p. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Walter A. Clay, Jr. M.D.</u>		23b. ADDRESS <u>4443rd Easton</u>		23c. DATE SIGNED <u>12-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-12-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Womack, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Und., Co.</u>		ADDRESS <u>2732 Pine</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4896
6
5

44434
Gibson

10-1-1934

10-1-1934

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clark Gannoy

Licensed Embalmer No. 33710

P. O. Address St. Louis

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.