

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6523**
Registrar's No. **1465**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1465	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 415 South 40th Street			
3. NAME OF DECEASED (Type or Print) Eddlee		a. (First)		b. (Middle) Mitchell		c. (Last)	
4. DATE OF DEATH 2-11-50		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 2, -1900	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 1 Days 9		IF UNDER 12 HRS. Hours 1 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Campti, Louisiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Willie Vaughns		13b. MOTHER'S MAIDEN NAME Nancy Allen		14. NAME OF HUSBAND OR WIFE Peter Mitchell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME 415 So. 140th		ADDRESS 415 So. 140th	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hysterectomy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2-8-50 2-4-50	
19a. DATE OF OPERATION 2-4-50		19b. MAJOR FINDINGS OF OPERATION Fibromyoma of uterus				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. STATE (STATE) 214X	
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 2-1, 1950 , to 2-11, 1950 , that I last saw the deceased alive on 2/11, 1950 , and that death occurred at 2:15 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. H. Weathers				23b. ADDRESS 1421 Kans. E. St. Louis Mo		23c. DATE SIGNED 2/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-19-50		24c. NAME OF CEMETERY OR CREMATORY Campti		24d. LOCATION (City, town, or county) (State) Campti, Louisiana	
DATE REC'D BY LOCAL REG. FEB 14 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE P. T. N. ash		ADDRESS 3847 Page	

WRITE PLAINLY—USING UNEADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed C. J. Nash

Signed _____
Student Embalmer

Licensed Embalmer No. 2432

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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.