

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21831

State File No. 1976

1003

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS		e. STREET ADDRESS (If rural, give location) 1802 BELGLADE	

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) - c. (Last) MITCHELL		4. DATE OF DEATH (Month) (Day) (Year) 5 31 1950	
5. SEX M	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED-1	8. DATE OF BIRTH AUG 6, 1894
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months	10. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PLAGUMINE PARIS, LA.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME PETER MITCHELL	13b. MOTHER'S MAIDEN NAME CHARLOTTE TAYLOR	14. NAME OF HUSBAND OR WIFE Mary
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes / WORLD WAR I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Mitchell	1802 BELGLADE ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (Sclerosis)		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph M. ...	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-7-50	24c. NAME OF CEMETERY OR CREMATORY NATL. CEMETARY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRICKS MO
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DATE REC'D BY LOCAL REG. JUN 6 1950	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Walton	ADDRESS 2707 S. Stoddard
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Emb separate Cert filed

JUN 6 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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.