

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

State File No. 35140  
Registrar's No. 8568

318

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BIRTH NO. _____		REG. DIST. NO. _____		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 <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5710 Lisette</b>				d. STREET ADDRESS (If rural, give location) <b>5710 Lisette</b>			
3. NAME OF DECEASED (Type or Print) <b>Charles</b>		a. (First)		b. (Middle)		c. (Last) <b>Mitchell</b>	
4. DATE OF DEATH		(Month) <b>Oct.</b>		(Day) <b>9</b>		(Year) <b>1950</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 9, 1878</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>			11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>David Mitchell</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Edwards</b>			14. NAME OF HUSBAND OR WIFE <b>Della Mitchell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Della Mitchell</b> ADDRESS <b>5710 Lisette</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Arteriosclerosis heart disease</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 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) _____ (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? <b>H2-010</b>			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>50</b> , to <b>Oct 9</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Aug 7</b> , 19 <b>50</b> , and that death occurred at <b>10 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>A. M. BOYD</b>				23b. ADDRESS <b>1703 S. Grand</b>		23c. DATE SIGNED <b>10-10-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N Picker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 10 1950</b>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>			

USE PREVIOUS EDITIONS - USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. G. Peterson*

Signed.....

Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.