

FILED MAY 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15161

4

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2051

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ballwin		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) 442 George Street Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Matthew b. (Middle) Mitchell c. (Last) Mitchell			4. DATE OF DEATH (Month) (Day) (Year) April 30, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9	8. DATE OF BIRTH May 9, 1879		9. AGE (In years last birthday) Months Days 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (State or foreign country) Metropolis, Illinois		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Victoria Taylor		14. NAME OF HUSBAND OR WIFE Elizabeth Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest Nursing Home, Ballwin, Mo	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis		
	DUE TO (c) Chr. Myocarditis		
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 422.1		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?	

22. I hereby certify that I attended the deceased from April 17, 1951, to April 30, 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 1:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE R. Dr. Jansen		23b. ADDRESS M. D. Manchester, Mo		23c. DATE SIGNED 4-30-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/3/51		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery St. Louis Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 5/2/51		REGISTRAR'S SIGNATURE Hubert R. ...		FUNERAL DIRECTOR'S SIGNATURE Myddell Funeral Home		ADDRESS 1926 Allen Av	
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NOV 8 1956

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 me

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Paul A. Hanna

Licensed Embalmer No. 4533

P. O. Address St. Louis, Mo.

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.