

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26568

State File No. ~~2059~~ 2059

BIRTH NO. 47099 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 241 Registrar's No. ~~2059~~

1. PLACE OF DEATH a. COUNTY <u>St. Louis County Moap</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>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>6139 MINERVA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-52</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>Mitchell</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Colored</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>8-1-52</u>	
9. AGE (In years last birthday) <u>10</u> IF UNDER 1 YEAR Months <u>10</u> IF UNDER 4 HRS. Days <u>10</u> Hours <u>10</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Clayton Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilbert Mitchell</u>	
13b. MOTHER'S MAIDEN NAME <u>Viola Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilbert Mitchell</u>		ADDRESS <u>6139 MINERVA</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>atalectasis of lungs</u> <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atalectasis of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>7620</u> 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"/>			
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>8-1-1952</u> to <u>8-1-1952</u> , that I last saw the deceased alive on <u>8-1-1952</u> , and that death occurred at <u>3:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Emil Calman MD</u>		23b. ADDRESS <u>St. Louis County Hosp</u>	
23c. DATE SIGNED <u>8-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8-1-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis City Int.</u>		24d. LOCATION (City, town, or county) (State) <u>5800 Arsenal - C. Ky</u>	
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Em</u>		ADDRESS <u>601 S. Brentwood</u>	

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

Not embalmed  
A. H. White, M.D.  
Supt + Medicine Director

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.