

STANDARD CERTIFICATE OF DEATH

State File No. **43653**
Registrar's No. **11676**

FILED JAN 10 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 50 yrs.		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 39 Lewis Place	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) E. c. (Last) Mitchell	4. DATE OF DEATH (Month) (Day) (Year) 12/17/52
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/1/1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Owner	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Argus	11. BIRTHPLACE (State or foreign country) --Coosa County, Alabama	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Mitchell	13b. MOTHER'S MAIDEN NAME Carrie S. Parker	14. NAME OF HUSBAND OR WIFE Edwina Mitchell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-Amer.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edwina Mitchell, 39 Lewis Place	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		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) Hypertension		
	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"/>
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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)
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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? 334x
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22. I hereby certify that I attended the deceased from **Nov. 1, 1952**, to **Dec. 17, 1952**, that I last saw the deceased alive on **Dec. 17, 1952**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter A. Young M.D.	(Degree or title)	23b. ADDRESS 3337 Market Street	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/20/52	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. DEC 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates	ADDRESS 4107 Finney Avenue
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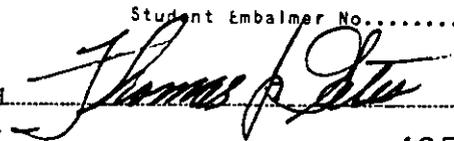
STATEMENT BY LICENSED EMBALMER

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 _____



Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.