

FILED JUL 26 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 24982

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6487

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4525 Lindell		d. STREET ADDRESS (If rural, give location) 12 5425 Lindell	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Mitchell		4. DATE OF DEATH (Month) (Day) (Year) 7 15 54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/24/1886
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME Unknown Mitchell	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Georgia Pinket	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-18-8286	
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.		17. INFORMANT'S SIGNATURE OR NAME E. C. Brenner 7257 Richmond Place	
19. DATE OF OPERATION 10-25-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas; metastatic ca. of liver.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. CAUSE OF DEATH (Continued) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSES Morbid 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. Generalized carcinomatous of liver & pancreas color 8 mo.	
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) (Minute) 157X	
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 8-12-1953, to 7-15-1954, that I last saw the deceased alive on 7-15-1954, and that death occurred at 7:14 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Herman J. Kieber (Degree or title) M. D.		23b. ADDRESS 9621 Lackland Road	
23c. DATE SIGNED 7-15-54		24. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/17/54	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. JUL 16 1954		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road	
REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M.D.B.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road	

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1955

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Ernest W. Spillers*

Licensed Embalmer No. *4080*

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.