

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6940

1092

| | | | | | | | | | | | |
|---|--|--|--|---|---|---|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | | | |
| 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. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | STREET ADDRESS (If rural, give location) 1107 N. Leonard | | | | 22190 | | | |
| 3. NAME OF DECEASED (Type or Print) Rosie Mitchell | | | a. (First) | | b. (Middle) | | c. (Last) | | | | |
| 4. DATE OF DEATH | | | (Month) 1 | | (Day) 27 | | (Year) 56 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH 4-29-1890 | | 9. AGE (In years last birthday) 65 | | | |
| IF UNDER 1 YEAR Months 8 | | IF UNDER 1 YEAR Days 28 | | IF UNDER 1 HRS. Hours _____ | | IF UNDER 1 HRS. Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (City and State or Foreign Country) Lumbly, Miss. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME James Giles | | | 13b. MOTHER'S MAIDEN NAME Priscilla Jackson | | | 14. NAME OF HUSBAND OR WIFE Ed Mitchell, dec'd | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Christella Curry | | | | ADDRESS 1107 N. Leonard | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH Undt. | | | |
| 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. | | | | | | | |
| 19a. DATE OF OPERATION _____ | | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-17 , 19 56 , to 1-27 , 19 56 , that I last saw the deceased alive on 1-27 , 19 56 , and that death occurred at 10:10a m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edw. B. Williams M.D. | | | | | 23b. ADDRESS 2601 N. Whittier | | | 23c. DATE SIGNED 1-28-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 3, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | | | |
| DATE REC'D BY LOCAL REG. FEB 1 1956 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co. ADDRESS 3100 Franklin Av. | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Gardner*.....

Licensed Embalmer No. *248*

P. O. Address *45-75 Al*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.