

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

39294

FILED NOV 28 1956

BIRTH NO. 79912-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10186

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St Clair</u>		
b. CITY OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St Louis</u>		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 <u>St Mary's Infirmary</u>			e. STREET ADDRESS (If rural, give location) <u>8120 2204 St Louis Ave 8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mitchell</u> b. (Middle) c. (Last) <u>Chism</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>10-14-56</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 YEAR Hours Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>	
13a. FATHER'S NAME <u>Lewis Chism</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Moore</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Grace Chism</u> ADDRESS <u>2204 St Louis Ave</u>	
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) <u>prematurity.</u> 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) <u>20 weeks gestation.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776x</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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>10-14-</u> , 19 <u>56</u> , to <u>10-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-14</u> , 19 <u>56</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Edw J Windsor</u>			23b. ADDRESS <u>930 N 2nd St</u>		23c. DATE SIGNED <u>10/24/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>NOV 2 1956</u>		REGISTRAR'S SIGNATURE <u>Paul Smith Mo Rawland - Aker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>4104 Manchester</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**