

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
FILED DEC 18 1956 STANDARD CERTIFICATE OF DEATH

43561
State File No. 10562
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home of Mo.		d. STREET ADDRESS (If rural, give location) 3625 Chippewa St.	
3. NAME OF DECEASED (Type or Print) Elizabeth Carroll Mitchell		4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Oct. 5, 1864
9. AGE (In years last birthday) 92		# UNDER 1 YEAR 1	# UNDER 12 HOURS 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John George Ellis		13b. MOTHER'S MAIDEN NAME Anna Bolton	
14. NAME OF HUSBAND OR WIFE Sam Mitchell (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri		ADDRESS 3625 Chippewa St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION			18 Mos.
DUE TO (c) ARTERIO SCLEROTIC HEART DISEASE			18 Mos.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AURICULAR FIBRILLATION			10 DAYS
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
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) (Min.)		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 3-26 , 1955, to 11-18 , 1956, that I last saw the deceased alive on 11-18 , 1956, and that death occurred at 10:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert A. Hall M.D.		23b. ADDRESS 5351 DELMAR ST. LOUIS, MO.	
23c. DATE SIGNED Nov. 19, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 21, 1956	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. NOV 19 1956		REGISTRAR'S SIGNATURE Carlo Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4828 Nat'l. Bridge St. Louis 15, Mo.	

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

Student Embalmer

Signed Ralph C. Zwick

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.