

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38477

State File No. _____

FILED OCT 16 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 540 Registrar's No. 2361

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur Clayton
 c. LENGTH OF STAY (in this place) DOA
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis RFD # 3 - Doa - Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI
 b. COUNTY ST. LOUIS
 c. CITY OR TOWN Creve Coeur
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) RFD # 3 Creve Coeur Mill Rd

3. NAME OF DECEASED (Type or Print)
 a. (First) RUSSELL
 b. (Middle) BRYAN
 c. (Last) MITCHELL
 4. DATE OF DEATH (Month) (Day) (Year) Sept 21-1957

5. SEX MALE
 6. COLOR OR RACE WHITE
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
 8. DATE OF BIRTH OCT 11-1900
 9. AGE (In years last birthday) 56
 If UNDER 1 YEAR: Months _____ Days _____
 If UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER
 10b. KIND OF BUSINESS OR INDUSTRY WELDING
 11. BIRTHPLACE (City and State or Foreign Country) Callaway Co., Mo
 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME A. A. MITCHELL
 13b. MOTHER'S MAIDEN NAME ETTA GIBSON
 14. NAME OF HUSBAND OR WIFE GLADYS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) NO
 16. SOCIAL SECURITY NO. 491-05-6266
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. B. MITCHELL JR. LADONIA MO

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, ashenia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recent gunshot wound of the head.
These findings are compatible with suicidal intent
 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 _____
 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE Suicide
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Creve Coeur Mill Rd., St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/21/57 6:15
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound of the head, body found lying across the foot of bed in home

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond H. Haris Coroner
 23b. ADDRESS Clayton, Mo.
 23c. DATE SIGNED 9/24/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
 24b. DATE 9-27-57
 24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery
 24d. LOCATION (City, town, or county) (State) Wellsville - Mo

DATE REC'D BY LOCAL REG. 9-23-57
 REGISTRAR'S SIGNATURE Herbert R. Donke MD
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wells Funeral Home - Wellsville 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.....
Signature of Student Embalmer

Signed.....
Richard J. McDonald

Licensed Embalmer No. 486

P. O. Address.....
Wellsville

**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.**