

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041979

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10171

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Length of stay in lb 3 1/2 mo.	d. STREET ADDRESS 2261 1531 S. 11th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Creed Mitchell			4. DATE OF DEATH Month Day Year 10-23-58		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 29, 1883	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINOR		10b. KIND OF BUSINESS OR INDUSTRY LEAD MINES	11. BIRTHPLACE (City and state or country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jasper Mitchell		13b. MOTHER'S MAIDEN NAME Mary Jane Peck		14. NAME OF HUSBAND OR WIFE Amelia Bolin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no., or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-014965	17. INFORMANT <sup>WIFE</sup> AMELIA MITCHELL Address 2012 SHENANDOAH		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basine Congestion of the Heart					INTERVAL BETWEEN ONSET AND DEATH 7 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease			3 1/2 mo.
		DUE TO (c) Generalized Arteriosclerosis			3 1/2 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis 3 1/2 mo.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 7-3-58 to 10-23-58 and last saw her/him alive on 10-23-58 Death occurred at 12:50 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John W. Beckham, M.D.			22b. ADDRESS 5800 Brasen		22c. DATE SIGNED 10/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 25/1958	23c. NAME OF CEMETERY OR CREMATORY MT LEBANON		23d. LOCATION (City, town, or county) ST. CHARLES	(State) Mo.
24. FUNERAL DIRECTOR E. J. SCAMUR		ADDRESS 3125 LAFAYETTE		25. DATE RECD. BY LOCAL REG. OCT 24 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Thomas R Fenwick* .....

Licensed Embalmer No. *3793* .....  
P. O. Address *3125 Lafayette* .....

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.