

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015441

STATE FILE NUMBER
2644

FILED MAY 1 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57
26
93
0

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4066 Lindell Blvd.
3. NAME OF DECEASED (Type or print) First Middle Last Vitalis V. Mitchell			4. DATE OF DEATH Month Day Year 3/15/59
5. SEX Male	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 2/2/1899
9. AGE (In years last birthday) 60 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supv.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bart Mitchell	13b. MOTHER'S MAIDEN NAME Joan Canty
14. NAME OF HUSBAND OR WIFE Aurelia Brumeleve		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Joseph Mitchell		Address 7715 Walinca Terr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal Hemorrhage</i> <i>Fracture of Right Leg</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ <i>Cop operated by one, Hubert, Carlsson, at the intersection of West Pine and Sarah Sts.</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT OR UNUSUAL OCCURRENCE <input type="checkbox"/> DESCRIBE HOW INJURY OCCURRED. (Enter cause of injury in PART II (a) or PART I (a) on 18.) <i>at the intersection of West Pine and Sarah Sts.</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year <i>10:38 p.m. 3 14 59</i>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) <i>Street</i>	
20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Schnell</i>		22b. ADDRESS 1300 Clark Ave.	22c. DATE SIGNED 3/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE 3/17/59	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or country) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. MAR 16 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

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 *John B. Vollmer*

Licensed Embalmer No. *4014*
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.**