URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960

-60-036396

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9067

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 45 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2916 Gamble
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLEMMIE Middle: [redacted] Last: Mitchell

4. DATE OF DEATH: Month 9 Day 9 Year 60

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-28-1886

9. AGE (last birthday): 74

IF UNDER 1 YEAR: Months 6 Days 11
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Tiff, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James Craig

13b. MOTHER'S MAIDEN NAME: Victoria Strickland

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Malinda Hill Address: 4346 Cote Brilliante, Apt. 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Right Cerebral Hemorrhage with Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — Undet.
DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-4-60, to 9-9-60 and last saw her alive on 9-9-60
Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Sydney A. Brasch (Degree or title) M. D.

22b. ADDRESS: 2601 N. Whittier St.

22c. DATE SIGNED: 9-10-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-14-1960

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

23d. LOCATION (City, town, or county): St. Louis Co. (State): Mo.

24. FUNERAL DIRECTOR: J. H. Randle & Son ADDRESS: 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.: SEP 13 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Esther K Harri

Licensed Embalmer No. 445

P. O. Address 4181 Wash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.