

VS DEC 2 1 1960

318

Primary Registration District No. 1003

1003

Registrar's No. 12045

12045

-60-047759

STATE FILE NUMBER

DED

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, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b	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 St Louis Altenheim			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5408 South Bdway	
3. NAME OF DECEASED (Type or print) First Middle Last Lillian C Mitchell			4. DATE OF DEATH Month Day Year Dec 14 1960		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/10/76	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles Cowan		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE Marion T Mitchell	
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. unk	17. INFORMANT Address St. Louis Altenheim 5408 S Bdway		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinoma			INTERVAL BETWEEN ONSET AND DEATH 11 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adeno Carcinoma of right breast			3 yrs 7 mo
	DUE TO (c) Adeno Carcinoma of colon			11 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pathological fracture right hip 4/27/60 170XF			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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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.) None			
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **Dec 19 1956** to **12/14/60** and last saw her alive on **12/14/60**
Death occurred at **1045 PM 12/14/60** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Must Stubbhoff MD	(Degree or title)	22b. ADDRESS 512 Doree Place	22c. DATE SIGNED 12/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) cremation	23b. DATE 12/16/60	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) St Louis Mo.
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24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd	ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 15 1960	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George W. Hansel

Licensed Embalmer No. 4798

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.