

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004948

Registration District No. 37 228875 Primary Registration District No. 500 Registrar's No. 108 STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JERRERSON BARRACKS, MO.	Length of stay in 1b 380 DAYS	c. CITY OR TOWN ST. LOUIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 338 HURCK	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE L. MITCHLER			4. DATE OF DEATH Month Day Year 1-7-62		
5. SEX MALE	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 6-28-62	9. AGE (last birthday) 79 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster		10b. KIND OF BUSINESS OR INDUSTRY Transfer Co.	11. BIRTHPLACE (City and state or country) IOWA	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SAMUEL MITCHLER		13b. MOTHER'S MAIDEN NAME LEOTA		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. NONE	17. LEOTA MITCHLER Address (NIECE) 338 HURCK, ST. LOUIS, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2-5 DAYS
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) 1. ARTERIOSCLEROTIC HEART DISEASE 2. GENERALIZED ARTERIOSCLEROSIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 ST. LOUIS	COUNTY STATE
21. MVA attended the deceased from 12-23-60 to 1-7-62 Death occurred at 11:00 on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw him drive on XXXXXX	

22a. SIGNATURE <i>Robert D. Brks.</i> (Degree or title)	22b. ADDRESS M.D. VET. ADM. HOSP., JEFF. BRKS., MO.	22c. DATE SIGNED 1-8-62
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23a. BURIAL CREMATION REMOVAL (Specify) BURIAL	23b. DATE JAN. 10, 1962	23c. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS CEM. ST. LOUIS CO. MO.
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24. FUNERAL DIRECTOR EDW. FENDLER	25. DATE RECD. BY LOCAL REG. 1-9-62	26. REGISTRAR'S SIGNATURE <i>John C. Murphy Md.</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

STATE OF MISSOURI

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 Leo J. Budde
Licensed Embalmer No. 3989

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.