

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026190

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6861 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in lb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. # 1 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY
c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4204 VIRGINIA AVE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
H ALLEN J. MITCHELL
4. DATE OF DEATH Month Day Year
JUNE 30 1963

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-8-1905 9. AGE (last birthday) 58
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) CHAUFFEUR 10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE Co 11. BIRTHPLACE (City and state or country) RICHMOND - Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN MITCHELL 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No 17. INFORMANT Address
ANTHONY KNIES 3525 BINGHAM AVE

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 - unknown organism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma
DUE TO (c) 162.1
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 6-25-63 to 6-30-63 and last saw her/him alive on 6-30-63.
Death occurred at 8:10 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. H. Bein MD (degree or title) 22b. ADDRESS 1515 LAFAYETTE 22c. DATE SIGNED 6-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 7-2-1963 23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY Mo

24. FUNERAL DIRECTOR ADDRESS GERKEN-BENZ MORTUARY 2842 MERAMEC 25. DATE RECD. BY LOCAL REG. JUL 1 1963 26. REGISTRAR'S SIGNATURE Adair Smith, M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 2/15/63
3
4 0
5 3
6
7 0
8 1
9
10
11
12 75-0
13

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON
STEIN

4
0
0
0
1
0-25

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 Jean M. Dejean

Licensed Embalmer No. 4343

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.