

JUN 5 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

20338

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis (No. Franklin Des. 2nd Ward)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 5028  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 3954 Washington St., 19 Ward.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Mitchell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mississippi</u>		
FATHER	13. NAME <u>Felanda Mitchell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mary Mitchell</u> (ADDRESS) <u>3954 Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Bernard's</u> DATE <u>May 10, 1936</u>		
19. UNDERTAKER <u>Edith E. Ambruster</u> (ADDRESS) <u>4234 Manchester</u>		
20. FILED <u>MAY 8 - 1936</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to May 5, 1936. I last saw him alive on May 5, 1936. Death is said to have occurred on the date stated above, at 6:35 P.M.. The principal cause of death and related causes of importance were as follows:  
Cerebral vascular accident Date of onset April 6, 1936

Other contributory causes of importance:  
Chronic myocarditis  
Fracture of a rib (6th)

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 4/8, 1936  
Where did injury occur? 3954 Washington St. St. Louis, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
at patient's home  
Manner of injury Struck O.D. while looking for axe  
Nature of injury Severing of carotid & jugular O.D.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) D. L. Sinner M. D.  
(Address) 1325 So Grand St. St. Louis

