

STANDARD CERTIFICATE OF DEATH

State File No. 30470

REC'D OCT 25 1940
791

1003

Registrar's No. 7747

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis Mo.
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3111 Laclede Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 2 years.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis Mo. 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3111 Laclede Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: Rev; Cornelia Mitchell

3. (b) If veteran, No name war. 3. (c) Social Security None No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elijah Mitchell 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 9 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 27 hr. min.

9. Birthplace Atlanta Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation 9

11. Industry or business 9 Minister

12. Name Tanner

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Mitchell

(b) Address 3111 Laclede Ave, Burial
(c) Date thereof 9-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) SEP 17 1940 (b) J. P. Redbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12
year 1940 hour 4 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 6 1940 to Sept 12 1940
that I last saw her alive on Sept 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Idemplesia
- right caused by apoplexy
Hypertension
Due to _____
Due to _____

Other conditions: G. Z. A.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature W. J. ... (M. D. or other) _____
Address 2316 ... Date signed 6/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 L. Boyer
....., Registered Apprentice No. Imp
working under my personal supervision.

Signed

Lommie Boyer

Licensed Embalmer No. 2946

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 this body is not embalmed, above space should be left blank.