

FILED SEP 17 1941

791

1003

State File No.

Registrar's No.

6797

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2710 St. Vincent Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 18 years  
(Specify whether years, months or days)  
In this community 18 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2710 St. Vincent Avenue 923  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1941 hour 7 minute 50 p.m.  
21. I hereby certify that I attended the deceased from 8-14-41  
to 8-19-41  
that I last saw him alive on 8-19-41  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cancer

Duration

Due to

Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

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

23. Signature J. F. Burbach (M. D. or other)  
Address 2767 Date signed 8-20-41

3. (a) PRINT FULL NAME ROBERT LEE MITCHELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 27 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 11 21  
hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Louis Mitchell

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy White  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Mitchell

(b) Address 2710 St. Vincent Ave

17. (a) Burial (b) Date thereof August 22, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) Aug 21 1941 (b) J. F. Burbach  
(Date received local registrar) (Registrar's signature)

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

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3617

P. O. Address 2317 Lafayette

**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, fact should be so stated above.**