No. 2
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5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8992

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2672

1. PLACE OF DEATH:

(a) County

(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11.
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3817 Finney Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME Will Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Mitchell

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 15, 1876 (Month) (Day) (Year)

8. AGE: Years | Months 5 | Days 26 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Unknown

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 Shirley Smith
(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Jas Hamilton
(b) Address City Health Dept

19. (a) MAR 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1942 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from February 16, 1942, 19 to February 19, 1942; that I last saw him alive on February 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Prob. 8 days
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 2602 W. Whittier Date signed 3-24-42

(Licensed Embalmer's Statement on Reverse Side)

2672

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.....

Licensed Embalmer No.....

P. O. Address.....

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.