

FILED JUN 22 1942

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

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lee F. Mitchell

3. (b) If veteran, name war *****

3. (c) Social Security No. 493-10-4049

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

6. (b) Name of husband or wife Anna Mitchell 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 8 1882
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>59</u> | <u>7</u> | <u>28</u> | hr. min. |

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

10. Usual occupation Salesman

11. Industry or business St. Louis Crystal Water Co

12. Name Francis Mitchell

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

14. Maiden name Mary Lee

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

16. (a) Informant Anna Mitchell

(b) Address 5568 Waterman Ave

17. (a) Burial (b) Date thereof May 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 9 1942 (Date received local registrar) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5568 Waterman Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day JUNE
year 1942 hour 8 15 minute P. M.

21. I hereby certify that I attended the deceased from May 27 1942 to June 6 1942
that I last saw him alive on June 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio sclerosis Duration 3 mo

Due to Diabetes mellitus 10 years

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Cerebral arteriosclerosis coronary & aortic sclerosis

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 Arthur D. Day (M. D. or other) _____
Address 3720 Washington Date signed 6-5-42

B

Dr. Anthony B. Day
3720 Washington Blvd
Ne 0870

3Pm

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 Frank J. Owens

Licensed Embalmer No. 2345

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, fact should be so stated above.