

FILED OCT 6 1942
318
Registration District No.

1003
Primary Registration District No.

8086
Registrar's 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:
Deaconess Hosp. O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether)
 In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State..... Mo. (b) County..... 17
 (c) City or town..... St. Louis 922
(If outside city or town limits, write "RURAL")
 (d) Street No..... 1222 S. 9th St.
(If rural, give location)
 (e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Emma Mitchell
 3. (b) If veteran, name war..... no
 3. (c) Social Security No..... 770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
 year 1942, hour 6 minute 20 p.m.
 21. I hereby certify that I attended the deceased from Sept 21 1942
 to Sept 27, 1942

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Peter Mitchell
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Dec 24 1858
(Month) (Day) (Year)

that I last saw her alive on....., 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage
from arteriosclerosis
metastasis to ovary
 Duration 7

8. AGE: Years 83 Months 9 Days 3
 If less than one day..... hr. min.

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

9. Birthplace St. Louis Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation At home

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name Frank Warnecke
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Uhe
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Robert Warnecke
 (b) Address 4139 Concordia Av.
 17. (a) Burial (b) Date thereof 9-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cem with Bro. L. H. U.
 18. (a) Signature of funeral director J. J. Brodeur
 (b) Address 2929 S. Jefferson Av.
 19. (a) SEP 29 1942 (b) J. J. Brodeur
(Date received local registrar) (Registrar's signature)

23. Signature A. Kleinschmidt (M. D. or other)
 Address 827 Waterloo Bldg Date signed 9/29/42

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.....

Edgar F. Witt

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edgar F. Witt

Licensed Embalmer No. *2117*

P. O. Address *2929 S. Jefferson*

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.