

No. 2
-1-4-41
5-17-39
I X26390

FILED DEC 10 1942

Primary Registration District No. 200

Registrar's No. 2357

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks

(c) Name of hospital or institution: Station Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four days

In this community Four months

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State North Carolina (b) County Martin

(c) City or town Merry Hill

(If outside city or town limits, write "RURAL")

(d) Street No. (None)

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME ROBERT J. MITCHELL Junior

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

3. (c) Social Security No. - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day Ninth

year 1942 hour 1720 minute - - M.

21. I hereby certify that I attended the deceased from November 5, 1942 to November 9, 1942

that I last saw him alive on November 9, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Ludwig's Angina, severe Duration

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife - - -

6. (c) Age of husband or wife if alive - - years 8 191921

7. Birth date of deceased. August 8 1921

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

21 3 1 - - hr. - - min.

9. Birthplace Merry Hill North Carolina

(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business Same

12. Name Robert J. Mitchell Senior

13. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

16. (a) Informant Service Record & Clinical Record

(b) Address Sta. Hosp., Jefferson Bks., Mo.

17. (a) Personal (b) Date thereof 11/11/42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruby Mount North Carolina

18. (a) Signature of funeral director James H. Bopp, Inc.

(b) Address 1000 Grand Ave.

19. (a) NOV 10 1942 (b) C. L. Mc...

(Date received local registrar) (Registrar's signature)

Due to Cellulitis, acute, suppurative, severe, region R-16.

Due to Extraction of R-16, impacted molar, November 2, 1942.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Confirmed above

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? _____

23. Signature PHILIP S. GURDIE, Capt., (M.D.)

Address Sta Hosp, Jefferson Bks, Mo Date signed Nov 10/42

MAR 17 1943

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 John M. Meyer
Licensed Embalmer No. 3788
P. O. Address Kirkwood 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.