

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

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

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1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robt. Koch hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 da
(Specify whether years, months or days)

In this community 20 yrs
(Specify whether years, months or days)

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. 825 North Ewing
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mitchell, Willie Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-16-4095

4. Sex male 5. Color or race negro

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

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

6. (c) Age of husband or wife if alive 4 mths years

7. Birth date of deceased Dec. 25, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>3</u>	<u>22</u>hr.min.

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

10. Usual occupation porter

11. Industry or business _____

12. Name William Mitchell

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

14. Maiden name Hessie Lynch

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

16. (a) Informant William Mitchell Jr

(b) Address 825 N. Ewing ave

17. (a) burial (b) Date the body was buried or removed 4-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. R. Kahle & Son

(b) Address 3133 Bell Ave

19. (a) 4-27-43 (b) C. D. McRay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1943 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb. 26, 1943 to April 23, 1943
that I last saw him alive on April 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis 14 mos.
tuberculosis of larynx

Due to _____

Due to _____

Other conditions tuberculosis of larynx, intestines and meninges
(Include professional diagnosis of death)

Major findings: Of operations _____

Of autopsy 1341

Duration

14 mos.

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) no

(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 plant) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Koch Hospital Date signed 4/23/43
Robt. Koch

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 *W. J. Watson*
Licensed Embalmer No. 269A
P. O. Address 3769 Chouteau

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.