

FILED SEP 17 1943
Registration District No. 318

Primary Registration District No. 1003

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo 4 days 0
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4521 Pope Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Robert Mitchell

3. (b) If veteran, name war None 3. (c) Social Security No.

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

6. (b) Name of husband or wife Lizzie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 25, 1884 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 7 hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name August Mitchell

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

14. Maiden name Pauline Wittman

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 9/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEA (b) J. F. Boush
(District or local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1943 hour 11:50 A.M.
minutes

21. I hereby certify that I attended the deceased from 5/28
1943 to 9/1 1943

that I last saw him alive on 9/1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic ca of bones Duration 1 year

Due to ca of prostate 2 years

Due to 51

Other conditions 51
(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?

(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 A. J. ... (M. D. or other) ---

Address 5800 Arsenal St. Date signed 9/1/43

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

9262

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 William J. Buchholz

Licensed Embalmer No. 2110

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.