

FILED DEC 3 1943 318

State File No. _____
Registrar's No. 10237

Registration District No. _____ Primary Registration District No. 10

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo.
In this community 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 178
(If outside city or town limits, write "RURAL") 018
(d) Street No. 622 So. Garrison
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mitchell Allen Mitchell

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased 11 18 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ark. 1

10. Usual occupation Pensioner

11. Industry or business _____

12. Name Henry Mitchell

13. Birthplace _____ (City, town, or county) (State or foreign country) Ark. 1

14. Maiden name Mariah Young

15. Birthplace _____ (City, town, or county) (State or foreign country) Ark. 1

16. (a) Informant Bessie Spraggins

(b) Address 1516 Goode Ave.

17. (a) Bureau (b) Date thereof 11-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAR Dale

18. (a) Signature of funeral director Chas. & Birdie Howard

(b) Address 2834 Bamba

19. (a) NOV 23 1943 (b) J. F. Presdek
(This received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18,
year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from October 18, 1943 to November 18, 1943; that I last saw h. im alive on November 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Arteriosclerosis

Duration: Unk. Unk.

Due to _____
Due to _____

Other conditions (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? _____ (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) (c) Means of injury _____

23. Signature J. F. Presdek (M. D. or other) _____
Address 2601 Whittier Date signed 11-23-43

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

MOTHER FATHER

