

S. No. 2  
DM-5-43  
v. 5-17-39  
I X38671

FILED JAN 15 1945

1003

Registrar's No. \_\_\_\_\_

11052

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether  
years, months or days) 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County White  
(c) City or town Enfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Victor Mark Mitchell

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Fay Mitchell 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased December 4 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 0 20 hr. min.

9. Birthplace White County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Field Worker

11. Industry or business

12. Name Victor Mitchell  
13. Birthplace White County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith M. Skiles  
15. Birthplace White County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Mitchell  
(b) Address Carmi, Illinois  
17. (a) Removal (b) Date thereof 12-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Carmi, Illinois

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) DEC 26 1944 (b) J. R. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24  
year 1944 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death 103° 3' - degree fever  
Admitted to hospital 11/11/44  
Cholera vibrio contained in  
stomach, became infected from open  
can  
Dr. Stone ruled working at the  
Steel Company, Hoodville, Gardiner  
State, Okla. 11/11/44  
Dec. 24, 1944  
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) Accident 136  
(b) Date of occurrence Dec 24 1944  
(c) Where and injury occur? McIntoshboro Illinois  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at work  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury as above  
23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 12-26-44

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

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**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

*Albert H. Hopper*

Licensed Embalmer No. *861*

P. O. Address.....

**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.**