

FILED MAR 28 1945

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

Primary Registration District No. 1003

Registrar's No. 2367

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3111 Laclede Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 7 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3111 a Laclede Ave. (If rural, give location) 21  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th,  
year 1945 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from  
Mar. 8, 1945 to Mar 11, 1945  
that I last saw him alive on Mar. 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute Congestive Heart Failure  
Due to Myocarditis of long standing.

Duration

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93

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) (e) Means of injury \_\_\_\_\_

23. Signature A. D. Hawker (M. D. or other)  
Address 1506 Hodiamont Date signed 3-13-45

3. (a) PRINT FULL NAME ELIJAH MITCHELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Evlyn Ruth Mitchell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 10th, 1877. (Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business Foundry

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Evlyn Ruth Mitchell

(b) Address 3111 a Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) MAR 13 1945 (Date received local registrar) J. F. Boudiek (Registrar's signature)

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

**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 L. Boykin  
....., Registered Apprentice No. My  
working under my personal supervision.

Signed

Lonnie Boykin

Licensed Embalmer No.

2946

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.**