

S. No. 2
M-5-43
5-17-39
P I X36671

FILED APR 7 6 1946

Primary Registration District No. **3064**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
302 Wesley Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Edward J. Mitchell

3. (b) If veteran, name war No

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 Christina Mitchell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 15, 1862
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>83</u> | <u>4</u> | <u>16</u> | _____ hr. _____ min. |

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

10. Usual occupation Confectionary owner

11. Industry or business _____

12. Name Jame's Mitchell

13. Birthplace Virginia
(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 Mrs. Christina Mitchell

(b) Address 302 Wesley Ave. Ferguson, Mo.

17. (a) Burial (b) Date thereof Apr. 3, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 4-4-46 (b) E. J. M. Sauer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Wesley Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-25, 1946, to 3-31, 1946
that I last saw him alive on 3-31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis & Stenosis of M.O.

Duration _____

Due to Metastasis in lungs 30 days

Due to 46 hr

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature Roy Johnson (M. D. or other) _____

Address Ferguson, Mo. Date signed 4/4/46

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.....

John A. Minner

Licensed Embalmer No.....

4186

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.