

FILED FEB 3 1947

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

741

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:
2710 S. Grand Blvd.
(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)

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. 2710 S. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALBERTINA R. MITCHELL

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

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 1 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 20 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Mitchell
(b) Address 2710 S. Grand Blvd.

17. (a) ~~Removed~~ (b) Date thereof Jan. 23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery, Collinsville, Illinois

18. (a) Signature of funeral director City Funeral Home
(b) Address 3029 Lafayette Ave.

19. (a) JAN 22 1947 (b) G. F. Bredeek
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan day 21
year 1947 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 13, 1942, to Jan 21, 1947
that I last saw h. alive on Jan 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Organism failure
Due to chronic arthritis 10 yrs

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

Major findings: Of operations none
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:
(c) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature W. H. Clithero (M. D. or other)
Address 906 Carleton Bldg Date signed 1-21-47

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

MOTHER FATHER

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 David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette

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.