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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2900

FILED FEB 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 775

**1. PLACE OF DEATH:**

(a) County

(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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1520 N. Euclid Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles McArlie Mitchell, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 20 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day 4 hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Charles Mc Arlie Mitchell.

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

MOTHER 14. Maiden name Ada Louise Cochran

15. Birthplace St. Louis Wiggins (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Charles Mc. Mitchell

(b) Address 1520 N. Euclid Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 23/47. (Month) (Day) (Year)

(c) Place: burial or cremation Wiggins, Miss.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JAN 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1947 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1947, 19 47 to Jan 22, 19 47 that I last saw him alive on Jan 22, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden arrests of respiration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes and nothing found

Duration

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)

While at work? (e) Means of injury

23. Signature Roy V. Boedeker (M. D. or other) MD

Address 4500 Olive (8) Date signed 1/22/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roy V. Boedeker
4500 Olive St.,

## 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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

**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.**

219 LISTER BUILDING
4500 OLIVE STREET
ST. LOUIS 8, MISSOURI

2-5-47
no fee
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February 3, 1947

#775

Bureau of Vital Statistics,
Municipal Courts Bldg.,
St. Louis, 1, Mo.

Gentlemen:

This is to advise you of an amendment in the cause of death on the Death Certificate of Baby Boy Mitchell, son of Mr. and Mrs. Charles Mitchell, who died on Jan. 22, 1947 at Desloge Hospital of unexplained respiratory arrests. Detailed examination of the heart post mortem showed:

Congenital Heart,
coronary arteries arising from pulmonary artery.

It is requested that this diagnosis be listed as the primary cause of death.

157E

Sincerely,

Roy V. Boedeker

Roy V. Boedeker, M.D.

RVB:rb

S-2900