

FILED JUL 7 1947
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Registration District No. Primary Registration District No. 1003 Registrar's No. 6208

1. PLACE OF DEATH:
(a) County: St. Louis Mo.
(b) City or town: St. Louis Mo.
(c) Name of hospital or institution: 112 1/2 N. 6th St.
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis Mo.
(d) Street No.: 112 1/2 N. 6th St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: George Mitchell
(b) If veteran, name was
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May, day: 30, year: 1947, hour: 9, minute: 30, M.
21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on... and that death occurred on the date and hour stated above.

4. Sex: Male
6. (a) Single, widowed, married, divorced, or separated
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased: (Month) (Day) (Year)

Immediate cause of death: Chronic Endocarditis; Strangulated Hernia
Due to: W. M. G.
Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years, Months, Days, If less than one day

Due to: W. M. G.
Due to: W. M. G.

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

Due to: W. M. G.

10. Usual occupation

Due to: W. M. G.

11. Industry or business

Due to: W. M. G.

12. Name

Due to: W. M. G.

13. Birthplace

Due to: W. M. G.

14. Maiden name

Due to: W. M. G.

15. Birthplace

Due to: W. M. G.

16. (a) Informant: Thomas E. ...
(b) Address: 300 East ...

Due to: W. M. G.

17. (a) Anatomical Board (b) Date there: 11/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

Due to: W. M. G.

(c) Place: burial or cremation

Due to: W. M. G.

18. (a) Signature of funeral director: W. M. G.
(b) Address: 330 S. ...

Due to: W. M. G.

19. (a) Date received local registrar: 3.0.1947
(b) Registrar's signature: J. F. Bracken

23. Signature: W. M. G. (M. D. or other) Address: Date signed: 1/19/47

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

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.