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1906

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 6 1948

318

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24544  
Registrar's No. 6639

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(d) Length of stay: In hospital or institution less than 24 hours  
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2737 Lawton Ave.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Rosie Mitchell

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

4. Sex Female 3  
5. Color or race Col.  
6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased February 8 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 5 20 hr. min.

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

10. Usual occupation Laundress  
11. Industry or business Acme Laundry Co.

MOTHER FATHER  
12. Name UNKNOWN 9  
13. Birthplace UNKNOWN 1  
14. Maiden name UNKNOWN 9  
15. Birthplace UNKNOWN 9

16. (a) Informant Elizabeth Banks  
(b) Address 2935 Laclede Ave

17. (a) Burial (b) Date thereof 7-30-48  
(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director Ellis Funeral Home  
(b) Address 2820 Stoddard St.

19. (a) JUL 28 1948 (b) J. J. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22  
year 1948 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to  
Due to Cerebral Hemorrhage  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work  
23. Signature of Physician  
Date signed 7/28/48

**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 Fulton E Culkini

Licensed Embalmer No. 4198

P. O. Address. St Louis 13, 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.**