FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28035

Registrar's No. 7189

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: 722 Aubert Avenue
(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 44 Years

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. 722 Aubert Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ella Mitchell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Ed. Mitchell

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

7. Birth date of deceased Unavailable (Month) (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
About 63			hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Rufin Jackson

13. Birthplace Unknown, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Johnson

15. Birthplace Tipton Co, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Rosetta Mitchell

(b) Address 722 Aubert Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 2411 Finney Avenue

19. (a) AUG 26 1948 (Date received local registrar) (b) J. J. Breed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from July 15 1948, to July 22 1948, that I last saw her alive on July 22 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Cerebral hemorrhage	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 F. B. Wagner, M.D. (M. D. or other)

Address 4503a Page Blvd. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John K. Cunningham, Registered Apprentice No. _____, working under my personal supervision.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.