No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28036

FILED AUG 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7252

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1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Belleville, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 29a W. Main St., 0
(If rural, give location)
N.K.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mitchell, Frederick James
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex male
5. Color or race wh.
6. (a) Single, widowed, married, divorced s 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) — 6 (Day) — 48 (Year)

8. AGE: Years | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Belleville Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Wallace Mitchell
13. Birthplace Michigan 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elsie Napont
15. Birthplace Michigan 1
(City, town, or county) (State or foreign country)
16. (a) Informant Cpl. Wallace Mitchell
(b) Address 29a W. Main, Belleville, Ill
17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) AUG 18 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
year 1948 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug 6, 1948, to Aug 17, 1948
that I last saw him alive on Aug 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular fibrillation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address Children's Date signed 8/17

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. Wm. Buckley

Licensed Embalmer No. 3653

P. O. Address St. Louis, 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.