

Take to coroner Mr Taylor for aut.

THE DIVISION OF HEALTH OF MISSOURI

58-034514

STATE FILE NUMBER

68876-58

STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8693

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>32 East St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>				Length of stay <u>55 min.</u>		d. STREET ADDRESS (If outside, give location) <u>1816 (rear) Division St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Baby Roy</u> Middle <u>Mitchell</u> Last <u>Mitchell</u>				4. DATE OF DEATH Month <u>9-</u> Day <u>5-</u> Year <u>58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-4-58</u>	9. AGE (In years last birthday) <u>---</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HRS. Hours <u>3</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Josh Charlie Mitchell</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Leflora</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Alice Trowbridge, 500 S. Kingshighway</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> <u>Pharmacology</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>776+</u> DUE TO (c) <u>M. A. Leidy M.D.</u>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY STATE
21. I attended the deceased from <u>9-4-58</u> to <u>9-5-58</u> and last saw her/him alive on <u>9-5-58</u> Death occurred at <u>2-40 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. H. Middleberry M.D.</u>			22b. ADDRESS <u>500 S. Kingshighway</u>			22c. DATE SIGNED <u>9-8-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>9-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		23d. LOCATION (City, town, or country) (State) <u>Centreville Township, Ill.</u>		
24. FUNERAL DIRECTOR <u>Marion E. Officer</u>		ADDRESS <u>2114 N. Ave. E. ST. LOUIS, ILL.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 8 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> <u>mjb</u>	

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank Prall*

Licensed Embalmer No. *4356*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.