

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3871

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 306
City St. Louis (No. 5800, Assenal City Superman)

File No. 1116
Registered No. 1116
St. _____ Ward _____

2. FULL NAME

James Mitecal
(a) Residence. No. 5800 Assenal St., 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 18 62

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 68 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. (Nil)
(b) General nature of industry, business, or establishment in which employed (or employer). Labor 237
(c) Name of employer. City of St. Louis Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

10. NAME OF FATHER James Mitecal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Mrs. O'Flinn

15. FILED 216 133500 19 1931 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Jan 24 1931 (that I last saw him alive on Jan 24 1931 and that death occurred, on the date stated above, at 6:00 P.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of face
5 2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 5 2

IF NOT AT PLACE OF DEATH. DATE OF 1927

DID AN OPERATION PRECEDE DEATH. No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & P. p. signs

(Signed) Wm. C. Hensley, M. D.

, 19 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Matthew Cemetery Jan 29 1931

20. UNDERTAKER ADDRESS Beetz Bros 3029 Lafayette Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

