

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

Do not use this space.

43247

DEC 3 1936

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis**

No. **2**

City Hospital No. 2

File No.

Registered No. **11829**

St. Ward)

2. FULL NAME

Edward Mitchel

(a) Residence, No. **2323 Market** St., **27** Ward.

Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11 - 2 - 1891**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 0 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark.**

13. NAME **Hugh Mitchel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. C.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. C.**

17. INFORMANT (ADDRESS) **Ruby Perdeau 2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **11 - 18 - 1936**

19. UNDERTAKER (ADDRESS) **W Riehter 3500 Rutger St**

20. FILED **J. J. Prodeak** Registrar.

NOV 30 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11 - 17 - 1936**

22. I HEREBY CERTIFY, That I attended deceased from **11 - 15 - 1936** to **11 - 17 - 1936**

I last saw him alive on **11 - 17 - 1936**. Death is said to have occurred on the date stated above, at **6:35 A. M.**

The principal cause of death and related causes of importance were as follows:

Uremia Date of onset **11-15-36**

Other contributory causes of importance:

Nephritis chronic

Name of operation..... Date of.....

What test confirmed diagnosis? **Clinical** Was there an autopsy? **---**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) **A. L. Lewis**, M. D.

(Address) **2945 Lawton**

