

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

Do not use this space.

46864

JAN 10 1937

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis

Registration District No.....
Primary Registration District No. **791**
1003
(No. 15 North Newstead Avenue, St. Ward)

File No.....
Registered No. **12686**
St. Ward)

2. FULL NAME Alice F. Mitchell

(a) Residence, No. 15 North Newstead Avenue 19 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, MARRIED TO ~~WIFE~~ Leonard Lee Mitchell
~~X HUSBAND~~
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 0

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

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) 1936 11. Total time (years) spent in this occupation. Unk.

12. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Missouri

13. NAME Al Miller

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Victoria Harris

16. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Missouri

17. INFORMANT Leonard Lee Mitchell
(ADDRESS) 15 North Newstead Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec. 27, 1936

19. UNDERTAKER Charles G. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED JAN 26 1937 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 18 mo, 19....., to December 22, 1936
I last saw her alive on December 22, 1936 Death is said to have occurred on the date stated above, at 12: Noon

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

Cronic Myocarditis
Dilated Myelitis &
Suprad. Neoplasm
in abdominal cavity, benign

Other contributory causes of importance:

Ess. h. l. artery quite
Arteriosclerosis

Name of operation..... None Date of.....
What test confirmed diagnosis? Clinical Was there a autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury....., 19.....

Where did injury occur? None
(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? NO
If so, specify.....
(Signed) J. V. Roberts, M. D.
(Address) 1736 North Whittier Street

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.

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