

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No.
Primary Registration District No.
St. Mary's Infirmary

791
1003

File No. 10059
Registered No. 2620
St. Ward)

2. FULL NAME Andrew Jackson Mitchell

(a) Residence, No. 3020 Rutger St. St. 18 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE YEARS <u>at 77</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Congress</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labor</u>		
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) <u>Not known</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Harry Mitchell</u> (ADDRESS) <u>3020 Rutger St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father's Chapel</u> DATE <u>March 31 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Walter and Son</u> <u>2769 Chestnut an</u>		
20. FILE NO. <u>MAR 6 1937</u> <u>St. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1936, to March 3, 1937
I last saw him alive on March 3, 1937 Death is said to have occurred on the date stated above, at 7:50P m.
The principal cause of death and related causes of importance were as follows:
Generalized Arterio-Sclerosis
Chr. Myocarditis
Hydrothorax
Empyema
Other contributory causes of importance:
None
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) W. B. Sostor, M. D.
(Address) St. Mary's Infirmary

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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OCCUPATION

MOTHER FATHER

