

REC'D JUN 9 1938

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

17026
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **Saint Louis** (d) Street No. **Peoples Hospital** Registered No. **488?**
(e) Length of residence in city or town where death occurred yrs. mos. **26** (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **Mattie Mitchell** **324**

(a) Residence, No. **532 Elm Street, Webster Groves** St. **NR** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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, HUSBAND OR WIFE OF **J. E. Mitchell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 30, 1880**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 **3** **20**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **April 1938** 11. Total time (years) spent in this occupation **Unk**

12. BIRTHPLACE (CITY OR TOWN) **Coosa County**
(STATE OR COUNTRY) **Alabama**

13. NAME **Jack Thomas**

14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **Alabama**

15. MAIDEN NAME **Catherine - Unavailable**

16. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **Alabama**

17. INFORMANT **G. E. Mitchell**
(ADDRESS) **532 Elm Street, Webster Groves**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **May 27, 1938**

19. FUNERAL DIRECTOR **Charles J. Bates**
(ADDRESS) **4107 Finney Avenue**

20. FILED **MAY 27 1938**

J. D. Bredich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 24, 1938** to **May 20, 1938**

I last saw her alive on **May 20, 1938** Death is said

to have occurred on the date stated above, at **11 P.M.**

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

Cancer of descending Colon and Hypernephroma (right adrenal gland)
Primary seat hypernephroma

Other contributory causes of importance:

Name of operation **None** Date of operation

What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

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. H. Thomas** M. D.

(Address) **822 1/2 North Jefferson Avenue**

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

James A. Johnson
4107 Finney Avenue
Licensed Embalmer No. 3522

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.)