

35D APR 12 1939

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

8636  
Do not use this space.  
2401

1. PLACE OF DEATH

(a) County 3 Registration District No. ....  
(b) Township 1 Primary Registration District No. .... Registered No. ....  
(c) City ST. LOUIS (d) Street No. En route to City Hospital St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWARD MITCHELL

(a) Residence, No. HOLL GENNINGS ROAD St. WA PINE LAWN  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 23-1909

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 29 10 19

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

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

10. Date deceased last worked at this occupation (month and year) NOV 1938 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST LEBANON INO

FATHER 13. NAME JOHN MITCHELL 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARROLLTON KY

MOTHER 15. MAIDEN NAME ROSE WHIPKEY 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Fla

17. INFORMANT (ADDRESS) Lon Mitchell 4011 Jimmy Rd

18. BURIAL, CREMATION, OR REMOVAL Mrs. MORIA G. Park DATE Mar 14 1939

19. FUNERAL DIRECTOR (ADDRESS) J. J. Tanner 6107 Natural Bridge Rd

20. FILED MAR 13 1939 J. D. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:10 A.M.

The principal cause of death and related causes of importance were as follows:  
Body mangled and severed, suffered when run over by Train #51 of Illinois Terminal Railroad Company on Highline near Branch Street, about 1:55 A.M., March 12th 1939. ACCIDENT. Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? accident Date of injury 3/12 1939  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. public place.

Manner of injury See above  
Nature of injury II II

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Joseph T. Linn  
(Address) Deputy Coroner

N. E.—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, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Guy W Wilkinson*  
Licensed Embalmer No. *3575*

**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.)**