

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.

29 1939 REC'D MAY 11 1939

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

16211
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis / Registration District No. 764
 (b) Township Cassdale / Primary Registration District No. 205
 (c) City Jefferson Barracks / (d) Street No. Let Dog St.
 (e) Length of residence in city or town where death occurred Unknown yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME James W. Mitchell
 (a) Residence, No. 1114 North Leffingwell Avenue St. Saint Louis, Missouri.
 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Rose Mitchell (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
 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) - 11. Total time (years) spent in this occupation -
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Mississippi
 FATHER 13. NAME Tom Mitchell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Mississippi
 MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 17. INFORMANT Cl. M. Schell Jefferson Barracks, Missouri.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shelwood Miss DATE April 30, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) English Und. Co. 2931 Locust Ave
 20. FILED APR 29 1939 R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 24, 1939 to April 26, 1939
 I last saw h. im. alive on April 26, 1939 Death is said to have occurred on the date stated above, at 7:05 P.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia, right lung, upper middle and lower lobes. Date of onset 4-17-39
 Other contributory causes of importance: None
 Name of operation None Date of None
Phy. clinical exam. and lab. find. What test confirmed diagnosis? Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 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 None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify Test Negative
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF., Jefferson Barracks, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis V. Atkins

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.)

If this body is not embalmed, above space should be left blank.